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**CHOLERA VIEWED FROM A NEW STANDPOINT.**

A paper read before the Chautauqua County Medical Society, January 18th, 1875,  
introductory to discussion,

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This disease, from its peculiar character and fatal effects, has engaged the attention of investigators and writers to an extent scarcely equaled by any other in the catalogue of maladies.

The time, the careful study, the patient investigations, and the apparently exhaustive discussions which have been devoted to the elucidation of this great and vitally important subject, ought to have secured to us something more tangible in positive knowledge of its nature, its cause, its dissemination and its treatment.

The opinions which prevail to-day prevailed more than a quarter of a century ago, and the treatment of to-day scarcely differs from that employed for many years past. The whole pharmacopœia has been drawn upon for remedies with which to combat it, and, *of the innum-*

*able forms of treatment made use of, there is scarcely any variation in the results.*

Have investigators never found themselves querying, whether the views upon the subject which have been held as indisputable, might not, after all, prove to be erroneous?

Whatever differences of opinion may have obtained regarding minor points, in one or two respects there has been remarkable unanimity. The opinion that it is an idiopathic disease of the primæ viæ, or of the blood and primæ viæ, has passed almost unquestioned, from its earliest history to the present day. From this central standpoint have radiated the thousand and one ideas as to its nature, cause and treatment, and nearly all studies, all investigations, and all arguments, have been founded upon this axiomatic basis.

I may be permitted, and, too, I hope without the charge of egotism, to assume a different standpoint.

Some of the ideas advanced will not be those usually entertained by the profession, yet I hope they may be received without prejudice, entertained with candor, and judged dispassionately. They combine the results of personal experience and observation both in this country and abroad, during the various epidemics which have occurred in the past twenty-five years, also the results of an experience of the writer derived from an attack of the disease.

I. *Nature.*—The cholera I regard to be essentially *a disturbance of innervation.\**

Its various phenomena may be more satisfactorily accounted for upon this, than upon any other hypothesis. The following are a few of the grounds upon which I found my conclusions:

1. The *purging*, or, *more properly speaking*, the *transudations*, in the profuseness and painlessness

\* "Innervation. The nervous influence necessary to the maintenance of life and the functions of the various organs." DUNGLISON.

which characterize them, *could not occur, except the nerves, whose function it is to preside over the parts implicated, fail to perform their duties in a normal manner.*

The unlocking of the exhalent orifices of the blood vessels, *permitting the rapid filtration into the stomach and intestinal canal, of the finer elements of the blood, and sometimes of the blood itself, is a positive evidence of perturbation of tone in the membrane through which the infiltration takes place.*

This abnormal condition cannot be claimed to result from the presence of inflammation, *neither does any process of poisoning, by any substance known to man, produce a similar effect upon the nervous system.*

The excessive sweating arises from the same general cause.

2. The *cramps* arise from purely nervous causes.
3. The *vomiting* is simply regurgitative.
4. The *collapse* is usually due to the rapid withdrawal of the natural stimulus of the brain, *i. e.*, healthy blood, in normal quantities, yet it also arises from the initial force of the invasion of the disease.
5. In the more rapidly fatal cases in severe epidemics, death sometimes results from the initial force of the disease *expending itself upon the brain and nervous system*, and it takes place even before the serous elements of the blood have entered the *primæ viæ*.
6. No pathological changes are discoverable when death has resulted at an early period of the disease, *neither have any constant and uniform pathological conditions been observed after death, occurring in any of its stages.*

The epithelial changes are unimportant, *as they never produce appreciably unfavorable effects.*

7. When the disease is arrested in its earlier stages, and, too, not unfrequently in cases where the symptoms have been most grave, the recovery is immediate, and no effects upon the system are observable, other than those

resulting from the loss in the quantity of the circulating fluid.

8. The cause most favorable to its production during the prevalence of epidemics is *fear*. This, the most powerful of all nerve depressors, directly favors, and also invites attack.

II. *Cause*.—The theory of "*a peculiar epidemic influence as an essential and specific cause*," offers a solution of the problem, which, if not entirely satisfactory, is open to as few objections as any other.

The facts, that the disease in its migrations overleaps immense distances, where no human agencies could account for it; that it travels against winds; and that it prevails in temperatures below zero, should receive more consideration than is usually awarded them, in estimating its causes. The first is opposed to the theory of a specific poison, and the generally accepted germ theory is inconsistent with the two latter.

III. *Dissemination*.—Other influences contribute in spreading the disease when once originated. What these influences are, and in what manner they produce their results, yet remains a mystery. The commonly accepted proposition, that it travels by routes which may be traced on maps with lines made with almost mathematical accuracy, cannot be sustained by facts. The data upon which this conclusion is founded, are too unreliable to admit of positive theories being founded upon them.

That the influence during prevailing epidemics is more generally pervasive than has been heretofore supposed, I fully believe. It is received or not into the various systems, according to their different degrees of susceptibility. Persons thoroughly impregnated may escape an active attack, if no exciting cause be present to awaken it into action, and the subject later becomes freed from its presence by spontaneous elimination.



IV. *Treatment.*—The treatment of this disease, if the foregoing premises are correct, emerges from empiricism and becomes thoroughly scientific. It becomes also simplified to the last degree. The remedies selected should be prompt in their effects in correcting disturbed innervation; even moments of delay may sometimes result in the sacrifice of a life.

Influenced by my appreciation of the character of the disease, and impelled by the urgency of my cases, I have in my latest experience made use of the acetate of morphia, hypodermically applied, in its treatment. This produces less of dizziness and nausea than the sulphate or hydro-chlorate.

It acts quickly and efficiently.

*No one may know, without a personal experience, the value of this agent, thus administered, in controlling this disease.*

The main indication in the treatment being thus met, other conditions incident to the disease may properly be treated upon general principles.

The *brain and heart* becoming enfeebled by the rapid abstraction of the serous elements of the blood, the same condition is produced as that resulting from the rapid loss of a large quantity of blood, (as in the flooding of parturition or abortion,) for which the horizontal position is necessary, and, if the discharges be profuse, the safety of the patient renders it *imperative* that the head be kept lower than the body, for a considerable period of time, that those organs may become in a measure resupplied by gravitation.

The *stomach* becomes morbidly sensitive. Its demands for liquids, in consequence of the rapid abstraction of the fluids of the body, become excessive, and the thirst intense, at the same time the mucous membrane will not tolerate the presence of water, much less of food or medicines. This condition is an indication for the internal employment of ice; this cools the burning heat of the stomach and in a degree allays the thirst, and the

water is so rapidly absorbed that it does not become a source of irritation and provoke vomiting.

The *bowels*, as sensitive as the stomach, require something to diminish the sensibility along their whole track, and to shut up the millions of patulous orifices from which the stream of life is flowing. This indication is met by the remedy proposed.

The *nerves* in their abnormal condition throughout the system require immediate control to give relief from sufferings. This is also met by the same remedy.

The *circulation*, necessarily depressed, should be promoted by external heat, frictions, etc.

The *collapse* should be treated by position, external heat, and stimuli, also by enemas containing nutriment and stimuli. Opiates are harmful in this stage.

En résumé, the treatment resolves itself into—

1. The hypodermic use of acetate of morphia, administered according to the age and condition of the patient. In cases of no great urgency, other remedies and methods of administration may be employed. Opium and its preparations are preferable, however administered.

2. The horizontal position, with the head as low as the body or lower.

3. *For the mouth, nothing but finely pounded ice, and that ad libitum.* Where this cannot be obtained, the coldest water may be given and frequently repeated in smallest quantities, until it can be tolerated without provoking vomiting.

4. External heat, frictions, etc.

5. For collapse: position, external heat and stimuli, and, by enemas, nutriment and stimuli.

6. After-treatment for restoring wasted forces.

A few cases in illustration of this treatment, may serve in a measure to give a practical character to this paper. Of the cases treated by the writer (eleven in number), eight were grave and typical. In all, the *pathognomonic symptom* (the rice-water discharges) was present.

As in all of them the train of symptoms and the treatment were about the same as already suggested, it will not be important to fully describe either, in symptoms or treatment. I will, therefore, mention such points as may be deemed of interest.

1. Mr. O'D., aged about 50 years. After a diarrhœa of thirty-six hours continuance in comparatively mild form, the symptoms became more grave; vomiting, profuse rice-water discharges, cramps of the abdomen and legs, blue and shriveled skin and husky voice, were present when I was called in attendance. I found the pulse feeble, and numbering 140 per minute, and the prostration was extreme. My diagnosis was cholera, and the prognosis, fatal. The treatment was nearly as described; the acet. morph. was hypodermically administered, in a quarter of a grain dose, and acted favorably in relieving the most urgent symptoms, but it was not repeated, as collapse was soon present, and the patient sank gradually, expiring a few hours after my first visit. In this case stimulants and usual cholera remedies were employed, in addition to those mentioned.

2. Mr. M., aged about 55 years; health fair, but in person emaciated; habits regular, and no assignable cause for the attack. After a slight diarrhœa of some hours continuance, the invasion was abrupt, with usual symptoms in high degree. Morphia, position, ice, frictions, and external heat, were employed. No other medicaments were used. The result was favorable.

3. Was a repetition of the above.

4. Mrs. F., a German woman of 45 years, a resident of the country. I saw her first after many hours of illness; the vomiting, purging and cramps were most distressing and very frequent, and her condition was one of greatest prostration. The case was very unpromising, and the family had quite despaired of her recovery. The disease responded promptly and favorably to the treatment; the recovery was slow, but otherwise satisfactory; no other medicines were administered.

5. Miss F., aged about 30 years, a resident of the country; had been ill many hours when I was called in attendance, and her condition on my arrival was alarming; the pulse was rapid and feeble, and the forces well nigh exhausted by reason of previous discharges and sufferings. On entering the sick room I at once applied the acet. morphia in dose of quarter of a grain, hypodermically, and almost immediately afterwards she was again seized with cramps; for a short time frictions, heat, etc., were employed without apparent benefit, she then begged to be permitted to stand upon her feet, as that position had previously given her relief when other means had failed. I could not resist her appeals, emphasized as they were by her sufferings, and with a mental protest I gave the desired permission and retired from the room. I was soon recalled by her sisters, who said that she was dead. On returning, I found her pulseless and pallid; after a time slight reaction took place, and under the circumstances, I regarded it my duty to administer stimulants; these were quickly ejected and appeared rather to increase her sufferings; the treatment from thence was solely by hypodermic injections and the accompaniments mentioned. In this case, as in nearly all of the others, the applications of morphia were made at intervals of from three to six hours, and in doses of one-sixth to one-quarter of a grain. The result was favorable, yet the recovery was slow.

6. Mr. F., aged about 40 years, a night watchman in a machine shop; health for several years impaired; on Saturday evening he was in his usual health, and, before commencing his labors, partook of his supper with a fair appetite; at 11 o'clock he was attacked with a diarrhoea, which was soon attended with vomiting and cramps; he persisted in remaining at his post of duty until 5 o'clock, A. M., at which time he was able only by extraordinary exertions to reach his home, but a few blocks distant. Presenting himself at his door for admission, his wife did not recognize his voice, now so husky, and on entering, she was as much surprised at the change in his

countenance as before in his voice. His features were shrunk, his gait tottering, extremities cold, the cramps severe, and the thirst intense. I was summoned at once, and found the pulse rapid and feeble, and the prostration extreme. The evacuations, of which there were two within half an hour after my arrival, amounted to nearly two quarts, and were the purest rice-water in appearance. His condition was such that with my experience in using morphia I dared not apply it. I demanded council, as I wished to make use of a means unusual. I have for the past twenty-five years entertained my present opinion regarding the nature of this disease, and have been desirous of using chloroform to meet some of the indications for which I now use the acet. morphia. This case warranted us in employing any means that offered the slightest hope of benefit. Before commencing the use of the chloroform, the tendency to collapse was so great that I regarded it as my first duty to stimulate the brain and heart to increased action, by sending to those organs a current of blood by gravitation. The head was quickly placed several inches lower than the body. I then commenced to administer chloroform by inhalation and in five minutes he was soundly sleeping; at the end of ten minutes more he was awakened by cramps, and I soon renewed the chloroform and gave him half an hour more of sleep. Nearly an hour had now elapsed since depressing the head, and, on examining the pulse, I found that it had slightly more of firmness, which encouraged me to commence the use of the morphia; this I administered in usual doses, and relied upon it during the remainder of the treatment.

The patient not being responsible for his actions, a strong man was placed in charge of him to preserve his position; this he was inclined to resist for many hours. He recovered slowly but satisfactorily.

7. This case in its features and treatment resembled case 3, and the results were the same.

8. Mrs. G., young, and in good health, and with

habits of diet and living as perfect as may be, was, on the 7th of November, as free as possible from any indications of the presence of this disease, until about 7 P. M., at which time she was actively attacked, and the symptoms rapidly increased in severity. At 10 o'clock, when standing in her parlor, she dropped helplessly upon the floor. I arrived a short time subsequently, and found her almost in a state of collapse. The pulse was rapid and slightly perceptible, the eyes were sunken and expressionless, the countenance pinched, the skin of a purplish shade, and the voice husky. The mother, who was present, remarked that there was scarcely a feature by which she could recognize her as her daughter.

The acet. morph. was applied, and decided relief was obtained within twenty minutes, and in one hour all the untoward symptoms were under control.

9, 10, and 11. In these, the characteristic symptoms were present, but the cases were not so severe as the preceding. The treatment and results were the same.

Besides the cases of cholera described, I was called upon to treat four cases of cholera and many cases of cholera-morbus, during the season. The remedial and other treatment were the same, and the results most gratifying.

In the cases cited, the results were very favorable, and although few in number, the gravity which characterized them would militate against the idea of simple coincidences.

In hospital practice, or in a prevailing epidemic, no such favorable results could reasonably be expected. The faithful nursing and careful watching which are so requisite cannot at all times be secured.

What may be claimed for the treatment, based upon the theory advanced, and pursued as suggested, is, that the death-rate in this terrible disease will be largely diminished, and the amount of suffering immeasurably lessened.



Finally, *the suggestions contained in the foregoing pages can hardly fail to furnish abundant material for discussion*; and if new light shall be thrown upon this obscure disease, by which pain shall be spared or lives prolonged, the effort made in preparing this paper will be amply rewarded.

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## OVARIAN DERMOID TUMORS.

Read to the Society of Physicians and Surgeons of Chicago, January 23, 1876,

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MR. PRESIDENT AND GENTLEMEN :

In presenting this paper to you, I do so with special reference to what I consider a very remarkable case, which recently came under my observation. I therefore begin it with a history of that case.

Mrs. M., twenty-five years of age, was married in January, 1873. She has been delicate from childhood, and since the establishment of menstruation—although this function has been regular as to time and quantity—she has always suffered from pain at the periods.

During the summer of 1872, she had more pain at these times than usual, and in the intervals complained of back-ache and bearing-down sensations, to such a degree as to make it difficult to walk or be on her feet for any length of time. In October of the same year, she was so prostrated as to make it necessary to take her bed. In this condition, at the close of a menstrual flow, she was suddenly seized with greatly increased pain in the pelvis, heaviness, and difficult menstruation. This was followed for a number of days by moderate metrorrhagia. The acuteness of the symptoms slowly subsided, but left her in a state of great prostration and suffering.

As soon as she was able to be placed in a palace car,



she was brought to Chicago, accompanied by her physician, Dr. A. G. Jones, of Lexington, Ill. This was in May, 1873. She was then unable to walk more than a few steps at a time on account of debility and a severe bearing-down sensation.

Upon making a pelvic examination, I found a retro-uterine tumor filling up the *cul de sac* of Douglas. She complained of great tenderness when the uterus and surrounding parts were touched. The tumor was large enough to press the uterus up near the pubis, and fix it in that position. Any attempt to remove the uterus gave her great pain. The tumor could be indistinctly felt at the pelvic brim.

My diagnosis at the time was retro-uterine hematocoele in a state of inflammation, and I expressed the opinion that it would probably suppurate. The pulse was accelerated, face flushed, tongue dry, and appetite poor.

I advised her to observe strict quiet in the recumbent posture, prescribed a supporting treatment and regimen, with occasional anodynes as the pain might render them necessary.

She went home, and returned to the city the following August, very much improved in general health. Although she was led to expect and watch for suppuration, she was not aware that there had been any purulent discharge. An examination at this time revealed the facts that the tumor was somewhat larger than when last seen, decidedly elastic, and more globular in form. As a diagnostic measure, with the assistance of Dr. Merri-man, I introduced an exploring trochar and evacuated three or four ounces of clear, yellow serum. As the tumor collapsed and partially disappeared, I hoped this operation would prove curative in its results.

The patient left the city, but returned again in July, 1874, eleven months after the tapping. The tumor had commenced to fill again, but I thought it best to wait for further development, and sent her home.

I saw the patient again in April, 1875, and decided that

the tumor was growing, as it could now be felt in both iliac and the hypogastric regions. I advised her this time to return to the city in the autumn, that I might operate for the evacuation and obliteration of the tumor.

She came to the city the 15th of October, 1875, and I found the tumor had grown quite decidedly since last examination. I determined to evacuate the tumor, and establish permanent drainage, with the hope of obliterating its cavity. Accordingly, assisted again by my colleague, Dr. H. P. Merriman, I operated by passing a large, long curved trochar into the tumor behind the uterus. Upon withdrawing the stylet, there flowed through the tube a thick, opaque, pearly-looking fluid, that reminded me of the tenacious albuminoid substance often seen to flow from multilocular ovarian cysts. From twelve to sixteen ounces were thus evacuated. The long canula was left *in situ*, and the patient placed in bed.

The tumor was very much diminished in size, but did not wholly disappear. The same kind of substance continued to flow for four or five days in small quantities. The cavity was washed out through the canula with a solution of chloride of sodium twice a day.

On the fifth day I removed the trochar, and placed in the perforation a large gum-elastic catheter, and the cleansing injections were continued through it. Internally quinine, iron and the mineral acids were administered.

The tumor continued to diminish in size, but a constant discharge kept up, although steadily decreasing in quantity. The discharge at first was a greasy serum, with a peculiar odor. This became purulent, but at no time was there fetor of a character to indicate chemical decomposition, and before the death of the patient the quantity was very small in amount.

I could not detect the tumor above the pelvis, and by bimanual examination convinced myself that it was slowly disappearing.

The strength of the patient was well sustained up to

the 1st of December, when she was attacked by slight chilliness, with a moderate acceleration of the pulse. At no time from the date of the operation had the pulse ranged higher than ninety beats to the minute. After the chills it mounted to 105. Tonic treatment, with nutritious diet, was kept up during the whole time.

The second day after the chills occurred, she was seized with diarrhœa. The stools were copious, frequent, watery, and very fetid. Unfortunately vomiting soon supervened, and she was unable to retain food or medicine in sufficient quantities to be of service to her. Great prostration and exhaustion rapidly succeeded, and in spite of every effort to sustain her, she died at midnight, December 25, 1875.

The *post-mortem* examination kindly made for me by Dr. W. H. Warn, revealed a small dermoid cyst that would have held six ounces of fluid—involving the left ovary—containing a roll of fine hair about the size of a pullet's egg. The hair was blond, although that of the patient was very black. It was matted together in a pretty compact mass, and formed of individual hairs from four to eight inches long.

This tuft of matted hair was saturated with the same tallow-like substance that had been drawn from the tumor when punctured, and with heat it could be melted and caused to run from it. The hair was lying loose in the cavity of the tumor, not the slightest attachment could be discovered anywhere. The lining membrane of the tumor presented a uniformly rugous dermoid appearance, and in places was in a state of suppurative inflammation.

At the time of the operation, about eight ounces of fluid was collected in a small earthenware bowl for examination. After standing a few moments, and becoming cool, it was found to be solid, and had assumed a buff color, having very much the appearance of mutton suet.

Upon closer examination, it was found to be oleaginous in all its properties. It melted on the fingers, and

could not be washed off without soap. Heat melted it into an amber-colored oily fluid that was easily poured into a bottle, where it again solidified, and looked like a poor article of olive oil that had been submitted to a very low temperature. It burned through a wick like any other oil, and made a pleasant, bright yellow flame.

I sent a specimen of this substance to Dr. W. L. Atlee, of Philadelphia, who was kind enough to submit it to Dr. Drysdale for examination. Dr. D. says :

"The specimen was of a pale yellow color and odorless. It became liquid at a temperature of 84° Fahrenheit, and remained so at 82°, but commenced to solidify at 80°. Ether dissolves it readily and entirely, except some small flakes of a whitish color. It did not crystallize on cooling or evaporation of the ether.

"*Microscopic Appearances.*—The only distinct cell present was the scaly epithelial. It contains a large number of cells of this character, and remains of these cells partially disintegrated. A few cells of large size were also seen, and a great number of small, obscurely granulated cells, resembling the remains of pus cells. Except these cells, all were indistinct."

Dermoid cysts are not peculiar to the ovaries. They occur in various parts of the body, but in the ovaries they grow much larger than elsewhere, and the characteristic contents exist in greater quantities.

The cystic walls of the ovarian dermoid tumor are thicker and more dense than in the other varieties of ovarian cysts, and the lining membrane in some of its extent has a modified cutaneous structure—whence the name dermoid.

In tumors of this kind are found sebaceous or fatty matter, hair, bone, teeth, and, though rarely, muscular and nervous tissues. But these different substances are not often all found in every single specimen of this variety of tumor. Generally some one or two of them prevail to the exclusion of the others, as, for instance, bones, teeth and short hair, while in others the sebaceous material and long hair are associated without the bone.

In April last, I removed a tumor from a young Jewess which contained about twenty pounds of thin serum, bone, teeth, and short hair. The bone constituted a reticulated mass, two inches thick, and about eight inches in diameter, attached to the inside of the cyst. It somewhat resembled honeycomb in its arrangement, with interstitial cavities irregularly permeating it in every direction. To the surface of this bony accumulation were everywhere attached a multitude of rudimentary teeth, in appearance and structure precisely resembling the crown and body of the first incisors of a very young child. The enamel was complete, and the dentine beneath, quite perfect in structure. They were attached by a fibro-cellular substance, and could be easily separated by the fingers. I did not count them, but I am sure there were several scores. Among these dentoid bodies was quite a thick growth of short, very fine blond hair, from half an inch to two inches in length. The bone and teeth presented all the microscopic characters of these substances found in their normal relations.

Another ovarian dermoid tumor, removed from a young, healthy girl, at the Mercy Hospital, contained no bone, fat or teeth, but on one side the wall of the cyst was half an inch thick over a space as large as the palm of the hand. On the surface of this thickened portion there grew a tuft of very fine blond hair. Some of the hair was three inches long, but most of it from half an inch to an inch in length. The thickness of this part of the sac was caused by a mass of cartilage arranged in the same reticulated manner as the bone found in the case of the Jewess. There were from fifteen to twenty pounds of serum in this tumor, in which was discovered the granular cell of ovarian fluid.

The cyst, to which your attention is called to-night, yielded, at the first tapping in August, 1874, nothing but two or three ounces of serum, while on the 15th of October, 1875, there was evacuated nothing but a large quantity of sebaceous matter, of which this now submitted for your inspection is a sample.

At the autopsy we found the sac empty of everything but the bunch of hair here exhibited. There is no trace of bone, teeth, muscular or nerve tissue.

After making such research as my sources of information afford, I can find no instance of this kind of tumor in which this fatty matter preponderated. Usually it constitutes but a small part of the contents, the main bulk being serum.

In these specimens, we have something of the manner in which the different substances contained in dermoid tumors are distributed and associated.

The accepted theory of the formation of these tumors may be thus expressed: During early embryonic development a portion of the external layer of the blastodermic membrane, by some accident to the ovum, becomes depressed from the general level of the surface. The surrounding edges of the depression approximate over the depressed surface, come in contact, grow together, and thus enclose a dermoid cavity, in which the abnormal dermic products are generated. As the ovum grows, the adventitious cavity increases in size, and participating in the general genetic influence exerting itself in the whole embryo, its inner surface produces the rudimentary organs and secretions found in it.

When it is remembered that the external layer of the blastodermic membrane is the matrix in which are generated the skin and its appendages, and how extensively it engages in the formation of all the tissues and organs outside the abdomen, this theory will appear quite plausible.

The locality of the accidental blastodermic indentation must determine whether the dermoid inclusion will be in the dura-mater, scrotum, testicle, back of the neck, or ovary.

According to this theory, as well as established facts, this form of tumor is congenital.

In most localities it fails to attain great dimensions. When it is situated in the ovary, however, its growth



is influenced by the great change which comes over that body at puberty, and that continues during the sexual activity of woman. As a consequence of the superior vitality of the ovary during that time, they are excited into rapid growth.

### THE RELATIVE POSITION OF CHLOROFORM, SULPHURIC ETHER, AND SULPHATE OF MORPHIA IN OBSTETRIC PRACTICE.

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(Read before the Chicago Medical Society, January 17, 1876.)

The introduction in 1847, by the illustrious Simpson, of Sulphuric Ether and Chloroform, as anæsthetics in midwifery, forms an era in the practice of medicine.

He established rules for their inhalation, and defended their administration, although attacked by many eminent men.

Nearly thirty years have elapsed, and the principles and facts he then stated, have in general been endorsed by the medical world.

The experience of others has modified the use of anæsthetics in labor in some respects. However, this illustrious man will always receive grateful recognition; for, his application of agents, to uses before unknown, has saved women untold pangs of agony. Moreover, his persevering and triumphant defense of the maxim, that *pain is a non-essential element of parturition*, and his splendid practical demonstration of the same, has still further increased our obligations to him.

The experience of the profession in the use of anæsthetics in midwifery, agrees with the conclusions of Simpson, in the following points:

It diminishes the perils, and removes the pains of labor; it husband the strength of the patient, and wards off nervous depression; relaxes the soft parts, thus doing



away with the resistance offered to the expulsion of the head, by the os uteri, vagina, and the muscles of the perineum. It renders recoveries after labor more rapid and perfect; while its effects do not seem to be injurious to the child.

Anæsthesia is strongly urged in cases of difficult instrumental labor, in turning, when the waters have become drained, in cases of convulsions, rupture of the uterus, etc.

Under the influence of anæsthetics, these operations are performed with greater ease and facility to the physician, and consequently with greater safety to the patient. In such cases it will always be necessary to push anæsthesia to the surgical degree.

The use of sulphuric ether, however, is at present preferred by the profession to that of chloroform; not merely in ordinary labors, but in those cases of instrumental deliveries, in which anæsthesia is pre-eminently indicated. It is safer, and is free from the objections to which the use of chloroform in surgery is liable. With Elliot, it may be stated that "a man having the misfortune to lose a patient by an anæsthetic, would have more sympathy and approval if he had used sulphuric ether, than if he had selected chloroform."

Even the impregnable position which chloroform has so long maintained in midwifery, must give way before the actual experience of danger, during its inhalation. For Dr. Depaul says that, "accidents from obstetrical administration of chloroform are not unknown. He is in possession of cases in which sudden death has been produced by it. He believes it requires great care in its administration, and in ordinary labors can be dispensed with." "In the New York Obstetrical Society, 1874, Dr. Lusk reported two cases, which came near being fatal from the use of chloroform during labor." (Quarterly Report A. I. Obstetrics, May, 1875.)

Elliot found the pulse to intermit, and become depressed under chloroform in one case; and in another (case 22,

obstetric clinic 1868), his patient experienced alarming symptoms from the use of chloroform in a natural labor.

Although it is unquestionably true, that the pains of labor induce toleration of an anæsthetic, it is not now considered expedient to carry it in ordinary labors to complete anæsthesia; for, moderately administered, it will quiet nervous irritation, restlessness, irregular spasms, and delirium. Furthermore, to avoid inefficiency of uterine contractions which frequently occurs when complete anæsthesia is established, it is sufficient to produce a slight anæsthetic influence, to moderate, without destroying, sensibility; so that labor progresses regularly. It is expedient also to preserve consciousness, so that command of the voluntary powers of the patient may be maintained during the progress of labor.

There are, however, objections to the employment of both ether and chloroform in natural labor, which have received just consideration at the hands of eminent observers. This has induced them to *restrict their administration to cases of instrumental deliveries, and those in which there is some serious complication*. For, ordinarily, these agents may accomplish too much, by diminishing the force and frequency of uterine contractions; and sometimes predisposing to post-partum hæmorrhage. They blot out memory, cut off perception, and lessen reflex irritability, when more or less consciousness is wanted. The results of their administration are feared by most patients, for the many deaths from chloroform in surgical practice, and its consequent rejection by the profession, have become known. Moreover, their administration awakens the solicitude of attendants, and requires the constant attention of the physician to the state of the pulse, breathing and heart. Finally, the stage of excitement, especially that produced by ether, is annoying.

To conduct a given case of labor to a happy termination, we need an agent that does not diminish the strength or intensity of the uterine contractions, but lessens their

painfulness, and one which is also applicable to all periods of labor. We require of it the relaxation of tissues, lessening and overcoming of spasms, production of drowsiness—not quite sleep, but nearly so—that the approaching pain may rouse the patient, who suffers comparatively little.

*We possess this agent in sulphate of morphia,* (which I have used in these cases, during the past eighteen years.) It diminishes reflex irritability, produces delightful calmness, induces sleep, and does not obliterate consciousness or intelligence. It calms restlessness and spasms, relieves pain, irregular muscular contractions and convulsive movements; it removes congestions by diuresis and diaphoresis; and, above all, labor is not interrupted during its action; nay, uterine contractions are sometimes increased by it, owing to the removal of all irritation.

“It acts primarily on the peripheral ends of the sensory nerves; partly, also, on the sensitive fibres in their course; and probably, also, on the central brain elements. The muscles and the motor nerves suffer no change of function from its action.” (Waldemar Baxt. *St. Petersburg, Arch. f. Anat. u. Physiol.*, No. 2, 1869; *Journ. Am. Sciences*, Oct., 1869.)

Its administration, when supplemented by frequent sponging of face and hands with cold water and eau de cologne, use of the fan, administration of pellets of ice, and encouragement by comforting assurances, brings ordinary labors, of whatever duration, to a happy termination, without exhaustion of the system, and without the occurrence and consequences of the nervous shock attendant upon delivery, which so much enhance the danger and fatality of childbed.

Nay more; should manual or instrumental interference become necessary—provided a skillful physician has previously superintended the accouchement—we find our patient in good condition, mental as well as physical, ready and willing to undergo the operation. We have

the advantage, if ether can be dispensed with—and in many forceps deliveries and cases of turning it may be omitted—of securing the co-operation of our patient, which is so valuable an auxiliary.

It is, moreover, a fact worth remembering, that when the administration of ether or chloroform becomes necessary, a comparatively small quantity will induce and maintain anæsthesia ; provided, a preliminary administration of a full dose of morphia has preceded it. Anæsthesia is, under those conditions, induced without any initiatory stage of excitement, and is very complete.

It is not necessary to precede the administration of morphia, by venesection, as is insisted by many authorities. It is true that the circulation is more active, and even sometimes becomes exaggerated both in pregnancy and parturition, giving rise in some women to vertigo, dimness of vision, ringing of the ears, sudden flushing of the face, and spontaneous heat over the body and head. But these symptoms, formerly attributed to plethora, are, in reality, evidences of poverty of the blood ; for Andral and Gavarret have shown that its corpuscles are sensibly diminished, and the fibrin and watery portion increased. All of this is characteristic of anæmia and chlorosis ; whilst the increase of blood corpuscles is the essential characteristic of plethora.

These alterations of the blood in pregnancy, are physiological, but may so increase as to become pathological.

We have, consequently, in pregnant women, the different neuralgias, and the same modifications of circulation, which we find in chlorotic and anæmic women. Venesection is, therefore, not to be practiced in ordinary cases of labor. The bearing-down efforts during parturition, undoubtedly disturb respiration and circulation : deep, full inspirations will, however, relieve uneasy sensations, congestion of the lungs, heart, and even of the brain. Tartar emetic, in minute doses, added to the morphia, exerts a happy influence in removing congestion, when present.

My mode of administering morphia during labor, is as follows: A teaspoonful of a solution containing one-sixth of a grain (or five drops of Magendie's solution of morphia) is given whenever the patient complains of unusual pain or irritation, *and then only*. This is repeated, as often as is necessary to insure calmness, comfort and the due progress of labor. The agonizing pains of the last stage are endured with equanimity and fortitude; the patient often sleeping during the short intermissions of pain, provided it has been administered with skill and firmness. From four to ten doses administered at intervals during the course of the labor, generally prove sufficient. Previous to delivery, a teaspoonful of fluid-extract of ergot, with the addition of one-sixth of a grain of morphia, is given; and the patient, after its completion, feels comfortable, is not exhausted, and obtains a few hours sleep.

This mode of administering morphia, will obviate the exhaustion, which is produced by emotion, fear, and shrinking from pain, and which frequently delays labor. Furthermore, *the contractions are sometimes increased in force and regularity, without being rendered more painful.*

Thus administered, it obviates the rigidity of the soft tissues, which is frequently found in women of nervous temperaments, resulting, when not prevented, in tedious labors, which are dangerous to mother and child.

The results of this rigidity are, in the case of the mother, exhaustion of power, augmented pains of uterus, severe cramps, nervous delirium and fever; tumidity of the lips of the os uteri, sometimes followed by inflammation and its sequelæ, laceration of the cervix, uterus or perineum.

In the case of the child: where the liquor amnii has been evacuated, and the os uteri remains undilated, disturbances of the placental functions, and like disturbances in the circulation of the cord, and in the body of the child, take place, producing congestion, asphyxia, and death.

# DIAGNOSTIC SYLLABUS OF ROETHELN (GERMAN MEASLES), SCARLET FEVER AND MEASLES.

PREPARED BY DR. J. H. ETHERIDGE.

The accompanying syllabus is submitted for the purpose of pointing out the simplest means of differentiating roetheln from the two diseases with which it is easily confounded, of which two diseases some physicians have even gone so far as to say it is a mixture. Clinical observation shows that roetheln may visit the same person more than once. Measles and scarlet fever are *very rarely* met with in the same individual a second time. As a rule, measles protects against future attacks of measles, and having scarlet fever secures the patient against future attacks of scarlet fever. Roetheln protects the individual against neither scarlet fever nor measles; and as it so nearly resembles the two latter and is so often mistaken for them, it is of the highest importance that the differential diagnosis be readily made. The literature of roetheln is exceedingly limited. All the authorities discoverable have been looked up, and they are quoted in the first column of the syllabus. Scarlet fever and measles are so exhaustively treated of by numerous writers that it is thought sufficient to take the description of mild cases from one or two authors only. Roetheln is such a *mild* disease that it is almost always called very mild scarlatina. It calls for little or no treatment. During epidemics of it prevailing in various parts of the country, charlatans are pleased to call it scarlet fever, and credit for skillful and *uniformly successful* treatment of a very serious disease is sure to follow. The practitioner will perceive that *mild* cases of scarlet fever and of measles are described; this is done in order to present, side by side, the three disorders in their greatest degree of similarity.

The salient points of difference are: 1st, *In the temperature*; 2nd, *In the mode of the appearance of the eruption*; 3rd, *In the characteristic elevation and heightened color of the centre of the patches*; and 4th, *In the manner of desquamation*.



*Roetheln, or German Measles.*

## 1ST STAGE—STAGE OF INVASION.

## SYMPTOMS.

Slight languor with headache and sometimes nausea and vomiting. In one case clonic convulsions.—*J. L. Smith.*

"Shiverings, nausea, rarely vomiting, itching, redness and pain of eyes with increased lachrymation, sneezing and discharge from nose, cough, sore throat and hoarseness."—*Atken.*

(In addition to above)—pain in limbs more or less.—*Lining.*

(In addition to above.) "Sore throat is a most constant symptom—is a characteristic feature of the disease occurring in the slightest and most gentle cases."—*Patterson.*

"There is usually sore throat."—*Dunlop.*

"In all cases there is sore throat."—*Mur-chison.*

## DURATION.

Eruption appears on 1st or 2d day, usually the 2d day.—*Lining, Murchison.*

Appears on 3d or 4th day.—*Atken, Roberts.*

Appears on 5th day.—*Foz.*

"Some hours, or a day or even a longer duration."—*J. L. Smith.*

*Scarlet Fever, or Scarlatina.*

## 1ST STAGE—STAGE OF INVASION.

## SYMPTOMS.

Chill, vomiting, epistaxis. The fever, increased heat of skin, headache, prostration and general malaise vary much in intensity, not including case of unusual severity.

*Measles.*

## 1ST STAGE—STAGE OF INVASION.

## SYMPTOMS.

Lassitude, shivering, fever, catarrh. The mucous membrane of the eyes, throat, windpipe and bronchial tubes are much affected. Eyes watery, lids puffy; dry cough; hoarseness and difficulty in breathing; drowsiness; great heat of skin; frequent and hard pulse.

## DURATION.

"Eruption appears on 4th day—seldom earlier—often later."—*Tanner.*

## DURATION.

"Average duration, 24 hours. Eruption usually appears on 2d day, (i. e., at any hour after the 24th hour of sickness). Exceptionally it appears, on the one hand, a few hours after the attack, and, on the other hand, it may be delayed 1, 2, 3, or more days after the time when it usually appears."—*F'lint.*



*Rotheln, or German Measles.*

2ND STAGE—STAGE OF ERUPTION.  
MODE OF APPEARANCE.

The eruption appears *all at once over the whole body*—is *sudden and general*—is less marked on the limbs than trunk.—*Atken, Roberts, Fox, Copeland.*

May first appear upon the back, upon the chest or neck, upon the cheek or upon the forehead; travels downward.—*J. L. Smith.*

## CHARACTER OF THE ERUPTION.

At first like measles—minute dots, which rapidly assume the appearance of large, irregular shaped patches, varying from three-cent piece to twenty-five cent piece in size.—*Atken, Liveing, Murchison, Roberts.*

These patches quickly become "raised above the surrounding skin, especially towards the centre of the patch, and are of a darker red color" at the centres.—*Atken, Roberts, Fox.*

These patches shade off in color towards the margins till the natural color is reached between the patches.—*Atken.*

The more severe the case the more is the centre of the patches elevated above the surrounding skin.—*Atken.*

*Scarlet Fever, or Scarlatina.*

2ND STAGE—STAGE OF ERUPTION.  
MODE OF APPEARANCE.

Usually appears on body and limbs before it comes out on the face and neck. In exceptional cases it appears first on latter situations.

## CHARACTER OF THE ERUPTION.

First appearance is in form of dots or specks. These coalesce, forming irregularly distributed patches, which vary in shape and size, having irregular or serrated margins. "In some cases the whole cutaneous surface is covered with efflorescence, presenting the appearance of a boiled lobster."—*Flint.*

Amount of eruption varies very greatly—ranging all the way from slightest possible amount to a bright scarlet hue of the entire surface of the body, no elevation of the skin answering to "centre of patches" is ever noticed. No elevation farther than that we call "goose skin" is ever seen.

*Measles.*

2ND STAGE—STAGE OF ERUPTION.  
MODE OF APPEARANCE.

First appears on forehead and face, and gradually extends downwards over the body and legs and arms.

## CHARACTER OF THE ERUPTION.

Comes out in small circular dots like fleabites. These dots run together and form blotches of a raspberry color, and the latter are very prone to assume a crescentic or horseshoe shape, being slightly elevated above surrounding skin.

Eruption is sometimes diffused over the whole body in a confluent form, and "is of a dull, deep red color, offering a contrast to the crimson or scarlet redness of scarlet fever."—*Flint.*

After a time the patches *may (sic!)* all unite, and then the skin becomes to the naked eye of a uniform red color, closely resembling scarlet fever.—*Murchison*.

In two cases out of five, this uniform red color was noticed.—*Living*.

DURATION.

"Eruption disappeared in 3 or 4 days."—*Dunlop*.

In proportion to severity : 4 to 10 days.—*Murchison, Aitken*.

From 7 to 10 days.—*Living*.

"In no case (of 21 reported cases) lasting more than 8 hours."—*Steiner*, of Prague.

"Usually fades in 4 or 5 days."—*Roberts*.

"Fades out 2d or 3d day."—*Fox*.

"Commonly disappeared on the fourth day."—*J. Lewis Smith*.

DURATION.

Eruption reaches its maximum of intensity and diffusion on third day after its first appearance. This stage varies from 4 to 6 days. Eruption is usually gone at the end of (5th) fifth day. In some cases it persists a day or two longer.

DURATION.

Begins to fade about the 4th day, in the same order in which it came out.

ACCOMPANIMENTS.

Sore throat is *always* a prominent and troublesome symptom in this stage. This fact is *particularly* emphasized by *Aitken, Living, Murchison, Patterson, Copeland*.

"In severe cases the hoarseness is so great as frequently to cause entire loss of voice." \* \* Swelling of the neck ac-

ACCOMPANIMENTS.

Very numerous. Many of them present in a certain proportion of cases—then again they are all wanting. They vary widely in their dangerousness—some being surely fatal, others being quite innocuous.

There may be sore throat varying from a little redness to a destructive degree of

ACCOMPANIMENTS.

Irritability of the mucous membranes all over the body seems to be a characteristic of measles. Hence bronchitis is almost the rule in this stage.

Redness of the eyes is a constant symptom, amounting to inflammation in some cases.

*Roetheln, or German Measles.*

companies this hoarseness, and is so great that "there is total inability to swallow even the slightest portion of fluid, which generally regurgitates by the nose."—*Aitken*.

Mild inflammation of mucous membrane of throat, mouth, nose and eyes.—*J. L. Smith*.

"There is a combination of scarlatinous angina (sore throat) and tongue, with morbillous (measles) catarrh."—*Marchison*.

"The temperature being always highest on first day of attack, not exceeding 103°, next day falling to 100°, and getting normal on the 5th day."—*Foz*.

"The temperature nearly always *sub-febrile* (99.5° to 100.4°)—sometimes febrile (101.3° to 102.2°)."—*Wunderlich*.

"There is scarcely any constitutional disturbance and the temperature is only slightly if at all raised above the normal standard."—*Dunlop*.

"Slight, if any, rise in temperature."—*Steiner*.

Febrile movement constantly mild in uncomplicated cases, ranging from 98° to 100°.—*Reid, J. L. Smith*.

*Scarlet Fever, or Scarlatina.*

inflammation. Watery blebs or blisters sometimes appear on the skin.

Fever rather increases after eruption.

Temperature may reach 105.6° or even a higher point. It usually remains continuously high during the eruption (*Wunderlich*) and it is thus "well distinguished from those affections with which, on account of other symptoms, it is most easily confounded, and more particularly *measles* and *roetheln*."—*Wunderlich*.

Pulse may go to 160 or even 170.

No appetite; sometimes vomiting; constipation in some cases—diarrhea in others; thirst urgent; delirium, common; integument slightly swollen all over, as is shown when patient tries to close the hand.

*Measles.*

Giving a cathartic in measles is most unfortunate, sometimes, because of this sensitiveness of the mucous membranes.

Temperature for *one* day in this stage in uncomplicated cases will rise to 106°. It then rapidly subsides to the normal standard, reaching it in 48 hours.

3RD STAGE—STAGE OF DESQUAMATION.	CHARACTER OF THE SCALES.	3RD STAGE—STAGE OF DESQUAMATION.	CHARACTER OF THE SCALES.
Minute portions of cuticle like scales of <i>fine bran</i> . Always begins towards centre of the eruptive patch and gradually extends to the circumference.— <i>Roberts, Aitken, Mur- chison, Living, Patterson, Dunlop</i> . "Scales on <i>hands and feet</i> are larger, but never reach the size of those of scarlet fever."— <i>Patterson</i> .		Comes off in branny scales and in large patches. "Occasionally epidermis of the hands is detached entire, and may be slipped off like a glove. This is true also of the feet.— <i>Flint</i> . Sometimes several successive desqua- mations occur. Frequently accompanied with itching, which in some cases is excessive.	Always in branny scales, not in patches or flakes.
DURATION.	DURATION.	DURATION.	DURATION.
Five days to 12 or 15 days.	Desquamation usually completed in from 10 to 12 days; exceptionally it continues for several weeks.	Desquamation usually completed in from 10 to 12 days; exceptionally it continues for several weeks.	From 4 to 8 days.

## PHLEGMASIA DOLENS AS A SYMPTOM OF CONCEALED INTRA-ABDOMINAL CANCER.

By HENRY M. LYMAN, M.D.,

PROFESSOR OF CHEMISTRY IN RUSH MEDICAL COLLEGE, AND ONE OF THE ATTENDING PHYSICIANS TO THE COOK COUNTY HOSPITAL, CHICAGO.

In his lecture on Phlegmasia Alba Dolens, Trousseau says: "So great, in my opinion, is the semiotic value of phlegmasia in the cancerous cachexia, that I regard this phlegmasia as a sign of the cancerous diathesis as certain as sanguinolent effusion into the serous cavities."

In a lecture on simple chronic ulcer of the stomach, he also says: "Should you, when in doubt as to the nature of an affection of the stomach, should you, when hesitating between chronic gastritis, simple ulcer and cancer, observe a vein become inflamed in the arm or leg, you may dispel your doubt, and pronounce in a positive manner that there is cancer."

This opinion is fortified by the recital of illustrative cases from the experience of the lecturer. To these, which may be read in detail in the published lectures of M. Trousseau, I can add the history of an interesting case which recently came under my observation.

Late in the month of August, 1875, I was asked to prescribe for a gentleman with whom I had maintained a speaking acquaintance during the past ten years. In early childhood he had suffered with morbus coxarius, affecting the left side, and producing permanent deformity of the joint. There had, however, never been any revival of acute symptoms since childhood, and his health had been good for many years. Passing the greater part of youth and early manhood in Europe, his lameness had necessitated a sedentary life, which afforded opportunity for the acquisition of a superior education and the habits of a cultivated society. Finding his way, at length, to this country, he had settled into the calling of an apothecary, in which he had now reached his forty-ninth year.

Thus introduced, I found my patient sitting in his office one cool day in the early autumn. He had complained since the month of June, of loss of appetite, slight nausea, and a constipated condition of the bowels. His dark eyes seemed unusually bright, and there was about the features a slight degree of sharpness which I had never before remarked. A faint suspicion of impending evil cast a fleeting shadow across my mind, and I made a thorough physical examination which yielded only a negative result. The room was without fire, and as the temperature of the air had been low for several days, I decided in favor of simple functional derangement of the digestive organs, and prescribed accordingly.

About one week later I saw my patient again. He was no better. Had vomited several times; could not drink water without suffering from flatulence and borborygmi. Felt better when the bowels were relaxed. Thought that blue pill and quinine would do him good. I made a second physical examination. Again the results were chiefly negative. The patient was compactly formed and fairly nourished. He experienced no pain in any part of his body. There was nowhere any tenderness on pressure. The posterior third of the tongue was covered with a thin, yellowish coat. The bowels were slightly distended. The pulse was seventy-three per minute, and quite compressible. The tips of the fingers were cool. I could discover no other abnormal symptoms. Examination of the urine exhibited an increase of pigment, but nothing more. I allowed my patient to take a grain of blue pill three times a day, with a saline draught every morning, for about a week, when his evidently failing strength led me to insist upon his retirement from the imperfectly heated atmosphere of his store to the quiet and warmth of his bed.

The symptoms had thus far in no way differed from those which so frequently precede and usher in an autumnal fever; but I was soon convinced that I had to cope with a more serious disease. During the month of

October the vomiting became a daily phenomenon. The intestinal distension was also a source of considerable discomfort, and the intestinal coils were sometimes very clearly defined through the abdominal wall. The bowels were, however, very easily moved, and the patient seemed to derive great relief from three or four evacuations *per diem*. The frequency of the pulse increased to over one hundred beats per minute, but the bodily temperature fell to 98° F., and remained at that point. Before the middle of October I was informed that the vomiting had become stercoraceous; in fact, the ejected matter had an offensive fecal odor, and in appearance was closely similar to the pea-soup discharge of typhoid fever. From this time stercoraceous vomiting occurred every few days.

It was now evident that I had to deal with a case of intestinal obstruction. The regions occupied by the liver and spleen began to grow abnormally resonant, like every other portion of the abdominal cavity. It was hardly probable that the stomach could be the seat of the disease, for the stercoraceous vomit was evidently the product of the small intestines; and the ease with which large injections could be thrown into the colon, and the normal appearance of the stools, pointed to a location at least above the sigmoid flexure of the colon. I felt inclined to believe in the existence of some malignant growth in the omentum which might compress a loop of the intestine, but it was impossible by the most careful palpation to detect anything of the kind.

In this state of perplexity, I one morning discovered that the left leg and thigh of my patient had become swelled, white and shining. Firm pressure over the calf of the leg revealed deep-seated tenderness, and, for the first time, manipulation of the abdomen occasioned slight pain over the internal iliac vein. Remembering the *dicta* of Trousseau, I no longer felt any doubt regarding the nature of the case, and I proceeded to communicate my opinion to an intimate friend of the family. Other



physicians were casually consulted (for the patient enjoyed a large medical acquaintance), and their view of the subject was so uniformly cheerful that it would have been difficult for me to adhere to my opinion had I not learned that they had in no instance discovered or taken notice of the existence of phlegmasia dolens.

Well, to make a long story short, matters went on from bad to worse without the slightest benefit from any kind of medication. The unfortunate man suffered no pain, but he could retain no nourishment, and was evidently starving to death. The countenance became Hippocratic, the body was wasted to a skeleton, and finally, in the last days of November, a brief, colliquative diarrhœa terminated his life. As a consequence of this diarrhœa the abdomen became perfectly collapsed, and I made two examinations by external manipulation of every part of the abdominal cavity. I could not discover the slightest indication of tumor or heterologous growth. The liver had retracted into the upper and posterior region of the hypochondriac space. The spleen could not be felt. The spinal column and the aorta were so evident that one gentleman thought it presented an aneurismal enlargement. Death finally occurred without the development of any new symptom, the mind of the patient remaining clear, though indifferent to his condition, until the last.

On the fifth day after decease, an autopsy was performed. It was thought best to examine the abdominal viscera alone. The peritoneal cavity was found empty. The spleen was firm, dark colored, and measured two inches and a half by one inch and a half. I had no means of weighing the viscera, and can only say it was the smallest spleen I ever saw. The liver was contracted and yellow, as if it had undergone acute yellow atrophy. I do not think it would have weighed over, if quite, two pounds. The pancreas presented no unusual appearance. The kidneys were considerably engorged with blood, but were otherwise of normal appearance. The stomach

was also healthy. The small intestine was empty. Its parietal capillaries were injected with blood, and the ileum was relaxed to the size of an ordinary colon. The mesenteric glands immediately adjacent to the caput coli were as large as small beans. Elsewhere they were not visible. The ileo-cæcal valve was occupied by a scirrhus growth which deformed the head of the colon and narrowed the passage from the small intestine into the large. I could not detect any other macroscopic lesion. A microscopic examination, by Dr. I. N. Danforth, proved it to be a scirrhus infiltration of the sub-mucous connective tissue, involving the ileo-cæcal valve and the intestinal wall for a distance of half an inch on either side of the valve.

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#### ERGOTA AS A GALACTIFUGE.

By C. HENRI LEONARD, M.D., DETROIT, MICH.

Recently I had quite a novel experience in the use of ergota. The story, in short, is told in the caption of this article. Deeming, however, a little prolixity not unacceptable, I give you a somewhat brief *résumé* of the case.

Mrs. —, aged 26, had a rather hurried, otherwise normal, confinement. On the third day the breasts were full; no fever or other abnormal symptom occurred. On the fourth and fifth days there was a free secretion of milk, so much so that the breasts were relieved by manipulation, the babe not being able to take it all. On the afternoon of the 5th day, my patient was doing so nicely that I gave her permission to sit up (bolstered) in bed a few moments. She exceeded my permission, and so held the babe, and "changed" it. She became quite tired, and before lying down a pretty sharp hæmorrhage (uterine) set in. I gave her twenty minims of the fluid extract of ergot, (Parke, Davis & Co.'s manufacture) combined with some simple adjuvants,

twice during the evening, the hæmorrhage then ceasing. On the afternoon of the next day, after being guilty of the same imprudence as on the day before, the flowing again occurred, even more freely than before. I then placed her upon the same treatment, directing four doses daily, to be continued two or three days. She was thus getting about eighty minims of the ergot daily. On the second day of the taking of the drug the secretion of the milk was notably lessened. There was no fever, or other abnormal symptoms made manifest. On the third day the supply was so much lessened, that artificial feeding of the infant was necessary; both breasts being equally deficient in the amount of nutriment.

I was completely nonplussed at this, for my patient, otherwise, was doing as nicely as any woman could do; and in her former nursing period, the supply had, for a long time, exceeded the demand. However, I withdrew the ergot mixture; not because I *then* attributed the trouble to that, but more to satisfy her, as she attributed her trouble to the medicine. Upon a second thought I was inclined to side with the views of my patient, and believe the ergot to be at the bottom of the mischief. My reasoning was, that if it will stimulate the nonstriated fibres of the uterus, intestines, arteries and veins (M. Vulpian) to contraction, thus diminishing the blood supply, why may it not, for the same reason, deprive the breasts of their usual amount of blood and thus lessen the throwing off of the milk cells, and diminish the amount of secretion? Further than this, the same action might be conceded as taking place in the walls of the secreting cellules and ducts of the mammæ, and so aiding in diminishing the milk supply—something of the same line of action that is manifest in checking certain watery diarrhœas, even though they (the intestinal discharges) may be more properly classed with transudation rather than secretion.

As a clinical proof of the truthfulness of my reasoning,

I would state that, in a few days, the milk was again secreted in its normal abundance, and the child (at this writing, about two months of age) receives all the nourishment it needs from its mother. There have been at no time any symptoms of fever, diarrhœa, pelvic tenderness, or anything of a suspicious character in the symptoms presented by the mother, save the one, hæmorrhage, which was readily stopped by the use of ergot.

Nothing in my library gave me any similar account of the action of this drug, neither could I learn, upon inquiry, that any of my friends had experienced the same results from its administration. Some days after this episode of mine, *The Richmond and Louisville Medical Journal* came to hand, and in an essay upon Ergot, by Dr. Hadra, of Texas, I find that he quotes Le Gendre as an authority for using the drug in galactorrhœa; but only refers to it incidentally. However, in the "Clinical and Pharmaceutical Department" of the same number of the above Journal I find the following *excerptum*: "During an epidemic of *secale cornutum*, in the district of Simbirski, Dr. J. Schtscherbinenkoff found that among the symptoms of ergot-poisoning was a diminution, or a complete arrest, of the secretion of milk in lactating women. The same result was found to occur in cows that had been fed on meal which contained ergot, or had been littered with carelessly threshed straw which still contained some affected ears. Dr. S. conceived the idea of employing it as a remedy in case of threatened abscess of the breast, and carried it out in many cases, with great advantage. Two multiparæ, who had suffered at each previous confinement from abscess of the breast, took some of the drug with the happiest result. He has also found the drug useful in cases of 'milk fever,' and also at the weaning of the child, whether at the normal or an earlier period."

This is the extent of the literature upon the subject, so

far as I am acquainted with it. Certainly, if the action of the drug, as witnessed in my patient, is to be anything of a criterion of its reliability as a galactifuge, the customary belladonna, magnesiae sulphas, and potassii iodidum treatment must be superseded in the treatment of many of the common ailments of our nursing women. Have any of the JOURNAL readers had any similar experience with the drug?

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#### DISINFECTING OVEN IN MERCY HOSPITAL.

By E. ANDREWS, M.D., HOSPITAL SURGEON.

The disinfection of mattresses and pillows in hospitals has been very much neglected. Floors can be scoured, and sheets can be washed, but what can be done with a mattress? Many hospitals have solved the problem by doing nothing. Mattresses which have been occupied by cases of erysipelas, pyæmia, or puerperal fever, were simply laid away to be aired, and then brought into use again, full of deadly fomites for fresh patients—I was about to say victims. By a singular obtuseness, surgeons, who found their wards decimated by pyæmia and erysipelas, forgot their poisoned beds, and gravely asserted that the very stones and bricks of the building were poisoned, and that nothing would do but to erect a new hospital every five years.

Callender, of St. Bartholomew's Hospital, has overthrown this delusion by showing that an old hospital may be managed so as to be safer than any average private house, and that septic influences may be expelled from the building.

But to return to the mattresses. In Mercy Hospital my custom was to place surgical patients on straw mattresses. When a bed was vacated by the recovery or death of the patient, the straw was taken out and burned, and the tick sent to the laundry to be washed. It was then

filled with new straw, and laid away ready for use. The pillows were ripped open and the feathers renovated by boiling hot steam, and the pillow ticks washed. By these, and other precautions, disinfection was well accomplished, and pyæmia was almost unknown in the institution. However, the steaming of feathers, the emptying, washing and filling of ticks, and the burning of straw, are troublesome to the attendants, and apt to be neglected, unless constant watchfulness is kept up by the surgeon. To render the disinfection more easy, I have since adopted the plan pursued with so much success in St. Bartholomew's Hospital, London, viz.: the baking of every bed and pillow which has been used by a surgical patient. Dry heat destroys fomites just as effectually as boiling water, and is far more convenient. To accomplish this, the hospital has constructed a simple steam oven on the following plan:

A platform or stratum of parallel steam pipes is made, a little larger than the dimension of a mattress, constituting the foundation. Eighteen inches above this another stratum of pipes is laid, parallel to the first. On the top of the under stratum a floor is laid of galvanized iron, and the whole apparatus enclosed so as to confine the hot air, and convert the space between the strata of steam pipes into a sort of oven. The enclosure has a door the whole length of one side which lets down for the insertion of the articles to be disinfected, and the pipes are connected with the steam boilers which heat the building. When in use, the door is opened, the mattress and pillows are shoved in, the door closed, and the steam, which has a temperature of about 250° Fahrenheit, is let into the pipes. This makes a strong baking heat, and effectually disinfects the beds.

No. 6, 16TH ST., CHICAGO.



## Editorial.

We are sorry to see that the *Medical Press and Circular*, a worthy English cotemporary, has been the subject of gross imposition by its "American Correspondent." A few quotations will show the spirit of the whole communication.

The correspondent sends the following about Chicago :  
"The Medical Colleges of this city are now holding their commencements. In other words, they are now in the act of sending forth their annual quotas of legitimized murderers to butcher and poison the human race. \* \* It is said that one of the medical colleges has never plucked a student, every one who paid received his diploma. \* \* In the interests of the health of the people every medical college should be indicted—and its doors closed. \* \* The facility with which degrees can be obtained is extensively taken advantage of by clerks, artisans, etc. I am *credibly* (?) informed by independent, disinterested, trustworthy persons, that dry-goods clerks, post-office clerks, letter carriers, etc., buy a book or two and study at home of evenings. When these parties believe they know the book sufficient to answer by rote a simple common-place question or two of a professor in one of the colleges, they appear before the examiners and of course pass. \* \* \*

"The medical profession of Chicago is become vile. Physicians are not respected. Why should they be? They are, with few exceptions, shamefully, fearfully, criminally ignorant. They are ever making the grossest blunders in practice. \* \* \* We have been assured, and our own experience confirms the assertion, that there are men practicing medicine in this city (Chicago) for periods ranging between one year and twenty years who could not tell where the human heart is situated."

These are a few extracts from a communication in the

*Medical Press and Circular*, Dec. 29, 1875. They will give the reader a pretty good idea of its contents. We do not expect to notice the communication as it might very properly be noticed ; because we feel mortified and not angry, that it could by any possibility have found its way into a respectable medical journal. We are not ashamed of the revelations made in the letter, because there is no truth in them, and we have too much respect for the good sense of the editor of the *Medical Press and Circular* to entertain in the remotest manner the idea that he believes one of the quotations above made, to be applicable to the regular profession of Chicago. Believing this much, have we not reason to be mortified that an influential medical periodical should even unwittingly lend its pages to the vile use of falsifying and consequently injuring the profession by which it is supported ?

Invectives seldom embody truth—they are born of envy and hate, and while hot with anger they consume the subject from which they emanate, their exaggeration is too easily discovered to injure the object at which they are aimed. When they are found in a medical journal they are out of place, and especially when their object is the medical profession.

There are three medical colleges here : Rush Medical College, Chicago Medical College, and the Woman's Hospital Medical College. We can assure the editor of the *Medical Press and Circular* that the quotations above made are not applicable to either of these institutions, and that his correspondent has not only imposed upon him, but we have good reason to believe has been grossly imposed upon himself. If the correspondent has visited Chicago he has not associated with the better class of those practicing medicine here ; he has kept bad company, and lacks the discrimination necessary to keep him out of it.

The correspondent indulges in *personal* abuse in one instance, and in doing so, gets as far from the truth as

in the above quotations. In speaking of the selection of professors, he says, "A good example is afforded by the Woman's Medical College of Chicago, where one Sarah Hackett Stevenson, immediately after graduation *at the end of twenty-one weeks of study*, is appointed to the chair of physiology."

Mrs. Stevenson did not graduate until the end of three full years of study; one of which was spent in the schools of Europe, and a good part of the time under the tuition of Huxley and Tyndall.

Many of the quotations made in this editorial, were by the correspondent derived from the *Chicago Times*. This does not lessen his responsibility for them, as he ought to have been sure of their truth before he endorsed them with such venomous recklessness. We must say, in conclusion, that the *Medical Press and Circular* has placed itself in a false position before the profession by admitting such a base fabrication to appear in its pages, and we believe it to be the duty of its editor to purge himself of complicity in this ungentlemanly attack upon the medical institutions and members of the profession in Chicago.

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### Correspondence.

The following contribution to the Library of the Chicago Medical Press Association from Dr. G. H. Tebo, Mt. Sterling, Ill., is hereby acknowledged with great pleasure: Eberle's Therapeutics, 1842. Graves' Clinical Lectures, 1842. Good's Study of Medicine, 1836. Graham's Chemistry, 1843. The Northwestern Medical and Surg. Journal, 1851, 1852, 1853, 1856. The Chicago Med. Journal, 1859, 1860. The American Journal Med. Sciences, 1854, 1855, 1856, 1857. The Medical News and Library, 1869. Seventy pamphlets and journals on various topics.

The officers of this Association wish to keep constantly before the profession the fact that any and all books, journals, pamphlets, monograms, etc., on medicine will be carefully preserved for reference, and that it is their earnest desire to complete sets of periodicals, such as are mentioned above. The consummation of this desire will give to the metropolis of the West the most complete medical library this side of the Atlantic cities. Every regular physician in Chicago and elsewhere being eligible to membership in this Association or to admission to the books of the library, is most cordially invited to consider the invitation to send books and journals to the undersigned (by express at his expense) for the Association, a personal matter, and to forthwith contribute all the old medical literature which he has practically cast aside or is to consign to the waste-paper basket or the flames. Every year a great deal of material, valuable in the forming of the contemplated library—worthless taken alone—is destroyed; *such* material is what is wanted. Many physicians have full years of journals tied up and stored away on the top shelves of their book cases; these bundles are never noticed or referred to. They also have old text books which they never refer to, in these latter days of better books. They also have many a bundle of old printed lectures and pamphlets, whose titles even they've forgotten long ago. All such literature, useless to the owners, this Association will prize highly and will thankfully receive. Gentlemen, will you not take down such books and ship them to Chicago where they will be preserved, and you thus become contributors to one of the grandest libraries in our country?

J. H. ETHERIDGE, M.D.,

NO. 240 WABASH AV.,

*Secretary Medical Press Association.*

## Summary of Progress in the Medical Sciences.

### I. PHYSIOLOGY.

1. *The Urine of New-born Infants.* PARROT AND ROBIN. (*Med. Times & Gazette*, London, Jan. 22, 1876.)

The following are the conclusions of a paper presented by MM. Parrot and Robin to the Académie des Sciences, (*Gaz. Hebdomadaire*, January 14), "On the Normal Urine of New-born Infants, with Applications to Physiology and Clinical Medicine." 1. A new-born infant passes four times more urine than an adult, by kilogramme of its weight. 2. Under quite exceptional circumstances (as the urine of the first day, defective or faulty alimentation, etc.) the urine may furnish a very slight deposit, consisting of crystals of uric acid, of oxalate of lime, or urate of soda. Vegetable ferments seem to be more rapidly developed in it than in the urine of the adult. 3. It furnishes a neutral reaction with litmus. Acidity of the urine generally indicates that a too long interval has elapsed between the sucklings, and in some cases may point to a pathological condition. 4. The urine contains, on a mean, 3.3 grammes per litre of urea, or 80 centigrammes per kilogramme, in an infant of 3850 grammes; but an infant from 11 to 30 days old will render, in the twenty-four hours, about 90 centigrammes of urea, or 23 centigrammes per kilogramme of its weight. 5. The age, the weight and the temperature notably influence the quantity of urea. Before attributing differences that may be observed to a pathological condition, we must assure ourselves that the excess of urea surpasses the limits which we have assigned for variations due to these causes. 6. There exists a constant relation between the quantity of urea and the color and reaction of the urine, so that the inspection of these two characters enables us to estimate clinically the proportion of urea. 7. Traces of uric acid exist normally in the urine of the new-born, but they escape all dosage. The urine of the first day contains more. Extractive matters are not chemically appreciable, but the urine contains hippuric acid and allantoin. 8. Under no circumstances does the normal urine of the fœtus or the new-born contain albumen, and it exerts no reducing action on Barreswill's liquid. 9. The new-born consumes in the twenty-four hours, and per kilogramme of its weight, twice as much nitrogen as the adult; but it renders six times less by the urine, although it fixes at least as much oxygen. It therefore burns less, while absorbing more, of the combustible, and at least as much of the comburant. This excess of assimilation, demonstrated experimentally, is in harmony with the daily increase of weight—an increase which part of the oxygen absorbed contributes to. 10. When the urine becomes modified in any of its characters, beyond the limits traced, we should first direct attention

to irregularity of alimentation, and then to morbid conditions. 11. Sometimes attention to the urine enables us to appreciate a special pathological condition, or a particular symptom, as œdema, diarrhoea, etc. 12. Such attention may sometimes enable us to foresee the near advent of accidents, such as œdema, athrepsia, etc., for lesions of nutrition precede the external signs of these affections; and the child is already ill, although no symptom reveals its condition, of which the changes in the urine are the index.

## II. SURGERY.

1. *The Operation for Hydrocele under Antiseptic Treatment.* Prof. VOLKMANN. (*Berl. Klin. Wochenschr.*, 1876, No. 3.)

No operation, Prof. V. thinks, is better adapted to convince any skeptic observer of the great usefulness of the antiseptic treatment than the operation for hydrocele. This apparently trifling operation was usually followed by an uncommonly violent reaction and the patient did not recover till after several weeks of profuse suppuration. Now, under the antiseptic dressing, the testicle heals in per priam between the edges of the gaping pouch of the tunica vaginalis; a small narrow strip of its surface is exposed, which soon is covered by granulations and concealed in the cicatrix. Not the slightest trace of any local reaction can be observed, and on the fifth or sixth day after the operation the patient can leave the sick-bed and walk about, to be further on treated as a dispensary patient. V. has thus treated seventeen cases without having had any ill success. In not a single case had he observed phlegmon or an inflammatory œdema; in six cases there was no fever at all; in three cases an increase of the temperature was noticed only once, *i. e.*, on the evening following the operation; in four cases very moderate fever (temperature not exceeding 39° C.), and in two cases only the thermometer showed a temperature of 40° and 40.5° C.

The complete obliteration of the cavity, *i. e.*, a complete agglutination of the two surfaces of the tunica vaginalis, was noticed at the first change of the dressing in sixteen cases; no secretion could be squeezed out when the dressing was removed. In one case only the agglutination did not take place all over, a small pouch was left, into which a drainage tube was inserted, but after a few days the secretion ceased, the tube could be removed, and the patient recovered as fast as the others.

During the operation, as well as when changing the first bandages, all the precautions required by the truly antiseptic method were strictly observed. The genitals were shaved and thoroughly washed with a watery solution of carbolic acid. Under the spray the sac was opened by a large incision; the cavity was rinsed out with a watery solution of carbolic acid (3 per cent.), and under a continued spray the tunica vaginalis was carefully and accurately stitched on to the skin. For these sutures—and 15 or 20 of them were usually applied—Volkmann used the finest



silk; bleeding arteries, no matter how small, were ligated with catgut. The subsequent dressing had to accomplish two purposes, to wit, it should, by a strong and continuous pressure, bring about a smooth and accurate adaptation of the tunica vaginalis to the testicle, while at the same time, it caused the wound to gap, and it should be antiseptic. The cool spray constantly applied while the stitches were put in, and the repeated washing with a cold lotion of carbolic acid in the most cases, excited a strong contraction of the scrotum and caused the desired diminution of the cavity.

The wound then having been washed once more, the scrotum was wrapped up in a number of loops of carbolized gauze, each loop about two to three inches wide; these strips being covered by a large piece of gauze the whole dressing was secured in its place by roller-bandages of carbolized gauze. To this end, the whole lower abdominal region must be bandaged up, and in order to make the dressing really safe, great care must be taken in filling the folds between scrotum and thigh with antiseptic cotton, held in by the carbolized gauze roller. The first dressing remained undisturbed two, three, four days, and sometimes even longer. After two or three changes, the adhesion of the tunica vaginalis was so firm that Lister's antiseptic dressing could be abandoned for a single layer of salicylic cotton, wrapped around the scrotum and held there by a simple suspensory bag. With this dressing the patient could leave the bed and walk about.

2. *New Sound and Extractor for Urinary Calculus.* WAITZ. (*Berlin Klin. Wochenschr.; Centralt. f. Chir.*, 1876, No. 4.)

A London dentist suffered from all the signs of a calculus in the bladder, yet the physicians were unable, by sounding, to discover the stone. He then constructed for himself a sound to find the stone, and an instrument to remove it, and both appliances proved a perfect success to him. The sound was coated with well polished lead, and then blackened by an immersion into a solution of nitrate of silver so that the slightest touch of a hard body would leave a mark on it. By this instrument the presence of a very small calculus was proved. For its removal he employed a fine rubber tube with a funnel-shaped mouth at one end. A silver catheter open at both ends was slipped over that tube in such a way that the rolled-up funnel was near the internal end of the catheter and this end closed by a plug of cacao butter which would melt as soon as it arrives inside of the bladder. The catheter introduced, the rubber tube was pushed on, until its funnel could fully open itself in the cavity of the bladder. The funnel expanded, the urine began to pass through the rubber tube, and the current thereby created in the bladder carried the small calculus into the funnel-mouth of the rubber tube. When the urine ceased to flow and the rubber tube was withdrawn, its funnel closed itself over the calculus carrying it along, and at the same time, protecting the mucous membrane of the urethra against being wounded by the stone.

Such a tube might be very useful for removing the sharp fragments of stones after lithotomy.

3. *Abdominal Sections for Intussusception.* (*The Lancet*  
*N. Y. Med. Record*, Feb. 26, 1876.)

At a recent meeting of the Royal Medical and Chirurgical Society, three papers were read upon this operation.

Mr. Howard Marsh related a successful operation, performed by himself on an infant seven months old. The child had been complaining for thirteen days.

The bowel was found projecting two inches beyond the anus, and the ileo-cæcal valves could be seen at the extremity of the protrusion, while in the abdomen a firm cylindrical tumor was felt. Insufflation and distension of the large intestines with lukewarm water, failed to reduce the intussusception. Chloroform having been administered, the abdomen was opened to the extent of two inches in the median line, just below the umbilicus. The intussusception was reduced by first withdrawing the bowel from the abdominal cavity. At least one-half of the colon and an equal part of the small intestine were invaginated. The wound was closed with hare-lip pins and superficial sutures. No bad symptoms followed.

Mr. Marsh was of the opinion that in this case the intestine was merely invaginated for thirteen days, and that inflammation set in twelve or fourteen hours before the operation. All other means failing, he urged the necessity of undertaking the operation, (1) in acute cases of not more than twelve or fourteen hours duration; (2) in chronic cases in which there had been no symptom of inflammation or strangulation of the intestines.

The second case was under the care of Dr. Hilton Fagge and Mr. H. G. Howse. This case, an adult with intussusception, without symptoms of strangulation, had inflation performed three times unsuccessfully. Mr. Howse opened the abdomen through the umbilicus. The length of the invaginated bowel was eighteen inches. The patient recovered without a bad symptom. In this case, hæmorrhage from the bowels was absent, and in their remarks the two gentlemen showed that it was of great importance not to delay the operation till hæmorrhage occurred.

Mr. Hutchinson related a third and fatal case where the operation was performed upon an infant six months old. The intussusception involved the whole length of the colon and the ileo-cæcal valve. Owing to difficulties encountered in replacing the intestines, punctures were made in two or three places, with a hare-lip needle. Death occurred from peritonitis six hours later. Mr. Hutchinson attributed the fatal issue to the punctures.

4. *Abdominal Section for Intussusception.* (*The Doctor*, Feb. 1, 1876.)

The paper, after reviewing at some length, the discussion at the Medico-Chirurgical Society, quoted above, mentions some cases of obstruction of the bowels from various causes that have been recently related in various periodicals. This operation for intussusception in properly selected cases

will be as fruitful in its results as ovariectomy has been. The triumphs of the latter, however, having paved the way for the operation in question, the latter will not, in its onward march to a more settled place amongst operations in surgery, meet with so many obstacles as did its pioneer—ovariectomy.

Mr. Royes Bell, at King's College Hospital, performed in October, abdominal section on a boy sixteen months old for intussusception following diarrhoea. It was impossible to liberate the intestine by traction, either at the time or on post-mortem examination, for the case ended fatally, although an artificial anus was made at the wound. There were but few adhesions.

Mr. Warren Tay has treated cases by injections of water or air while the child is held up by the heels, as advised by Mr. Hutchinson.

Dr. B. F. Seabury records a case of recovery in the *Boston Med. and Surg. Jour.*, of Dec. 2nd. It occurred to a man aged 49 years, and lasted eighteen days, when sloughing took place and a portion of the ileum fourteen inches long was discharged, after which the patient made a rapid recovery.

Dr. Eberhart relates a similar case in *Philadelphia Med. and Surg. Rep.*, of Jan. 8. In this case a portion of small intestine, eighteen inches long, was found. The patient recovered, and took carriage exercise for nearly three months, when constipation, followed by peritonitis, set in and proved fatal. The omentum was found to have adhered in such a manner as to form part of the channel of the bowels.

M. Ortille, of Lille, reports in the *Abeille Médicale* his second case of intussusception cured by swallowing shot mixed with oil.

Two cases are reported in the *Canadian Journal of Med. Science*, in which Dr. Ross tried inversion, combined with the use of quicksilver. In the first of these, other means having failed, the child, aged 18 months, was inverted by an assistant, and five ounces of metallic mercury injected into the rectum, the assistant being desired to shake the patient up and down for about ten minutes, then to incline her buttocks to the right, gradually bringing the body to the horizontal position upon the right side, then turning her upon her face, keeping up the shaking motion. This had probably occupied twenty minutes, when the child's countenance manifested relief. In the erect position the mercury escaped into a basin. Permanent recovery ensued.

In the case of another child, aged 18 months, Dr. Ross adopted the same treatment as in the previous case and with equally good results. The treatment occupied about half an hour.

5. *Anæsthetization During Sleep.* (*The Canada Medical Record*, Feb., 1876.)

Dr. Cluness reports in the *Pacific Med. Journal* two cases of successful chloroformization during sleep.

The first case was that of a little girl, aged eight years, in whom, as a

sequel to acute otitis media, the mastoid cells of one side became inflamed. Chloroform was administered upon a four by six piece of surgeon's lint, held as near the child's mouth as possible during sleep without coming in actual contact. Not the slightest effort was made by the child to avoid the inhalation of the anæsthetic, and in a few moments she was well under its influence.

The second case was on the person of a little girl 2½ years old, for the purpose of removal of supernumerary toes.

6. *Fracture of Neck of Femur and both Trochanters.* WELMART. (*Louisville Med. News*, Jan. 29; *La Presse Méd.*, *Belge*, No. 14.)

This case is of peculiar interest, owing to complete recovery, although it occurred in a patient aged seventy-two. The fracture healed in ten weeks, without the use of any bandage, with slight shortening and some impairment of rotation and mobility. The patient died about six months after from marasmus, when the diagnosis and result were confirmed by dissection.

7. *Operation for Relief of Phymosis.* ANGER. (*La France Méd.*, No. 11.)

The outline of the prepuce, designed to be left upon the penis, is traced with ink. An assistant with two pairs of forceps, one above and one below, lightly holds the prepuce without too much traction, which would make the skin yield more than the mucous membrane. A double waxed thread is then passed tightly around the prepuce over the line traced by the ink. With this thread serving as a conductor, the skin and mucous membrane are cut with a pair of curved scissors at a single stroke, in front of the ligature.

The resulting advantages are said to be: absence of hæmorrhage, exact and rapid (two days) union of the edges of the skin and mucous membrane, and the doing away with the necessity for etherization and special instruments.

8. *Two Cases of Salivary Calculi.* PIRONDI. (*La France Méd.*, No. 11.)

A man, 36 years old, had an abscess open spontaneously in the mouth to the left of the inferior maxilla. A purulent saliva thereafter continued to flow, with swelling and interference with speech and deglutition. Broquier found a sublingual calculus, enlarged the wound and removed a stone as large as an almond. The orifice of Wharton's duct was intact, and communicated with the *bed* of the calculus.

A naval captain had a large salivary stone in the left Whartonian duct. The mucous membrane was completely glued to the calculus, while the orifice of the canal was intact, though slightly dilated. Pirondi largely incised the membrane (respecting the orifice) in the direction of the antero-posterior diameter, (longest) of the stone. Using an inflexible spatula as a lever, he then enucleated the stone which was oblong and

weighed more than 8 grammes. Its largest diameters were 4 and 2½ centimetres. In its lowest portion there was a somewhat deep canaliculus which, extending for 4 millimetres, nearly covered the gland.

Both cases were promptly and perfectly cured without any subsequent interference with the function of this part of the salivary apparatus.

9. *Extraction of a Hair-pin from the Female Bladder through the Vagina.*  
PANAS. (*La France Méd.*, No. 17.)

A girl, 19 years old, introduced a hair-pin into her urethra, so deeply that it could not be withdrawn. Cystitis, hypogastric pain, frequent desire to urinate and burning sensations of the part ensued. After the patient entered hospital, an unsuccessful attempt was made to remove the foreign body by the lithotrite. The bladder was empty, and, the patient not being under the influence of anæsthetics, great pain was endured.

The next day, chloroform was administered, the bladder injected with tepid water, and the lithotrite again introduced. The hair-pin was readily detected upon the floor of the bladder and near the orifice of the urethra, in a vertical position. The jaws of the instrument were directed toward one extremity of the pin, in order to change its position and bring the rounded part in front. It was slightly displaced but not to such a degree as to admit of its extraction.

Panas then withdrew the lithotrite and inserted a pair of dressing forceps, seizing the pin at its presenting part. At the same time with left index finger in the vagina, he felt the points of the pin through the the vesico-vaginal partition, directed backward. While pressing with the finger upon these points, in order to facilitate the extraction, one leg of the pin pierced the vesico-vaginal septum and entered the vagina. The operator seized the leg with a pair of dressing forceps, separated it widely from its companion, using the septum as a fulcrum of leverage, and, converting the hair-pin into a piece of straight wire, easily extracted it from the vagina.

The cure was complete, no lesion of the septum or other part remaining.

Denucé once extracted a crochet needle from the female bladder in the same manner, no fistula resulting. Panas suggests that, in case of necessity, *both* legs might be forced through the septum, the pin straightened, and then removed, the two points of puncture being no more dangerous than one.

## III. OPHTHALMOLOGY.

1. *Tattooing the Cornea.* DR. HOWE. (*Transact. Med. Soc., County of Erie.*)

At the fifty-fifth annual meeting of the "Medical Society of the County of Erie," Dr. Howe presented an essay on the operation of tattooing the cornea. (By the way, "*cornu punctum*," which the author suggested as a more descriptive name, is neither more descriptive than tattooing, nor is it a very felicitous construction, since "*cornu*" and "*cornea*" are the names of two entirely different objects.)

The operation which first has been cultivated methodically by Wecker, of Paris, is very simple; it consists in pricking a little coloring matter into the corneal substance. The principal object of this procedure is its cosmetic effect in disguising an unsightly white spot (*leucoma*) in the cornea; if the blemish is in the centre of the cornea, opposite the pupil, it is to be changed into a black spot; if it is in a peripheric portion of the cornea, it ought to be given the color of the iris as nearly as possible. As to the coloring matter, it must be permanent, and its use must not be attended by any subsequent irritation of the cornea. As for a black color, Indian ink is the best substance; the various tints of the iris may be imitated by the use of blue ink, or any mixture of blue and black, black and red, or all three combined. Wecker used a single broad needle, with a groove on one side, for pricking the coloring substance (previously rubbed down with water to a thick paste) into the cornea. A number of modifications have since been suggested and used, the principal object being to increase the effectiveness by multiplying the needles. But though theoretically it appears perfectly correct to increase the number of pricking points in order to save time to the surgeon and pain to the patient, yet practically this multiplication is very limited, because, while a single needle will readily puncture a substance, a number closely together act like one blunt surface. The author therefore recommended an instrument which consisted of two ordinary needles placed side by side, and having a guard so near their extremity as to prevent their passing through the cornea. With most ophthalmic surgeons this precautionary stop near the points of the needle might perhaps be unnecessary, but it seemed anyhow advisable, since such accidents as piercing the cornea had happened in the author's experiments, and also in Guy's Hospital. The operation can not be done on every eye disfigured by a *leucoma*; in order to be safe and successful, and not to be followed by a dangerous inflammation of the cornea or iris, these rules must be observed:

1. That we do not attempt the coloring of too large an extent either at one sitting, or altogether.
2. That the eye be free from any inflammation.
3. That the relative position of the various tissues be not so altered as to have an inflammation readily induced, *e. g.*, extensive adhesions of the iris to the corneal cicatrix.



2. *A Case of Daily Recurring Total Blindness of One Eye.* DR. L. KOENIGSTEIN. (*Klin. Monatsbl.*, Sept., 1875.)

June 29, Dr. K. was consulted by a lady who gave the following history: Two evenings ago, towards six o'clock, she suddenly noticed a dimness coming over her right eye, and covering the left eye she could see absolutely nothing. This monocular blindness still continued when she retired, but on next morning the sight of the right eye was just as perfect again as ever, and continued so until six o'clock P. M., when the blindness recurred as on the preceding eve. The lady aged 31 years, in good health, has never had any serious illness. An examination failed to discover any marked difference in the external or internal appearance of the two eyes, excepting that the visual power of the right eye was somewhat weaker than that of the left. At 6 P. M., the patient felt a violent tearing pain in the supraorbital region, attended by black rings passing over the right eye from the temple toward the nose; these rings steadily grew larger until they filled the whole right side of the visual field. This entire change took about half a minute. Pressure on the supraorbital region was painful. The right eye did not perceive even the light thrown into it by the ophthalmoscope, but the right pupil responded to the light as readily as the left; and the ophthalmoscope also then failed to reveal any morbid condition which could account for the total amaurosis. Patient had a sound sleep, but on request she stayed awake that night, and about one o'clock she remarked to the doctor that she felt as if a black cloth were being removed from her right eye. And while a few minutes ago the right eye was totally blind, it then could discern light from shade; after ten minutes she could locate the light of a candle at a great distance, and after a short time she began to see the objects in the room.

The patient was ordered ten grains of quinine daily, in three powders, one to be taken half an hour before the attack, one during the same, and the third after it. Under this treatment the amaurosis set in later every day, while the sight returned regularly at one o'clock; and finally, on July 24, the amaurosis occurred for the last time at 12 P. M.; to return no more. That the "blind spells" gradually grew shorter and at last disappeared after the administration of quinine does not seem to be a matter of mere coincidence, as the following schedule may show:

June 27, 28, 29, 30. Expectant treatment, amaurosis began regularly at 6 P. M.

July	1,	2,	3,	4,	5,	6,	7,	8,	9.	} Quinine, ten grains daily.
Amaurosis at	6.30,	7,	7.30	8,	8.30,	9,	9,	9,	9.	

July	10,	11,	12,	13,	14,	15,	16.	} Quinine, 20 grs. daily.
Amaurosis at	9.15	9.30,	9.45,	10,	—	—	11.	

July 17, 18, 19, 20, always at 11 P. M., until dose of quinine was increased to thirty grains pro die.

July	21,	22,	23,	24.
Amaurosis at	11.15,	11.30,	11.45,	12.

3. *Ophthalmia Neonatorum*. S. C. AYRES. (*Cincinnati Lancet and Observer*, 1876, No. 1.)

In order to illustrate the importance of an early treatment of this disease, the author gives the statistics of one hundred cases treated in private practice, and of one hundred cases treated in the Cincinnati Hospital. We might reasonably expect, in the class of patients which we find in the hospitals, to have more trouble in the management of such a disease as purulent conjunctivitis than we would have in private practice. But the result of his statistics shows that in not a single one of the hundred hospital cases did any corneal complication arise, and all recovered with good vision, while in private practice 58 cases only were free from corneal complication and recovered with perfect vision, while in 42 the integrity of the eye was more or less impaired; six of them were hopelessly blind in both eyes, and five in one eye, from ulceration and sloughing of the cornea. The treatment pursued in both classes of cases being practically the same (cleansing, instillations of solution of alum or silver every hour, and application of a solution of nitrate of silver gr. v to xx ad oz. j every morning), the better result obtained in the hospital can be attributed to the fact only that the inflamed eyes of the infants receive attention and treatment *immediately*, while in private practice they are too often neglected by the parents and by the family physician too. And yet there is nothing in the treatment which any intelligent physician could not carry out successfully. "If purulent conjunctivitis were treated as promptly and carefully as other infantile diseases are, we would have fewer blind in our asylums, and much less suffering and distress to the world."

4. *Castor Oil as a Menstruum for Dissolving Atropia for Application to the Eye*. DR. J. GREEN. (*Trans. Am. Ophthalmol. Soc.*, 1875.)

"Dissolve one grain of atropia in two minims of strongest alcohol, and mix with fresh castor oil, in any quantity, from half a drachm or less to an ounce, according to the strength desired. It is well to expose the stronger solutions for a short time to a gentle heat in a water bath, in order to drive off a part of the alcohol, which otherwise renders the application somewhat irritating to the surface of the eye. In this way it is easy to prepare a clear and permanent solution. I have found it to be practically unirritating to the abraded or inflamed cornea, and I believe that it is occasionally to be preferred to the aqueous solution of the sulphate. It has seemed to be most useful in recent abrasions and painful phlyctenulæ and ulcers of the cornea, with or without iritis. In case of photophobia, with excessive flow of tears, I have often applied it to the conjunctival surface of the everted upper lid—a plan which seemed to ensure a longer contact of the remedy with the cornea than is the case when aqueous solutions are dropped into the conjunctival sac."

## IV. PATHOLOGY AND PRACTICAL MEDICINE.

1. *Intestinal Obstruction due to a large Biliary Calculus.* MARTIN and BROUARDEL. (*Le Progrès Méd.*, No. 2.)

A woman, 78 years old, had obstinate constipation and vomiting of bile which soon become stercoraceous. There was no fever. Croton oil was administered with enemata, without effect. The pulse soon became small, 110 to the minute, eyes hollow, face choleric, extremities cold, prostration profound. She could not rise in bed; hiccough supervened; the stomach tolerated ice only; the abdomen became distended, and through it the intestinal loops could be distinguished. Palpation was not very painful except at the level of the right iliac fossa and transverse colon, where sensibility was greatly exaggerated. The rectum was completely empty. Four large enemata were again tried and no evacuation followed.

The next day a voluminous cylindrical swelling was detected in the right inguinal fossa, which led to the supposition that the obstruction existed in the cæcum. Massage and more injections; an intense hæmorrhoidal congestion only followed.

The next morning the patient passed an indurated and voluminous cholesteric calculus. Ten other smaller concretions were passed during the day, and about six litres of a substance varying in consistency from softness to extreme hardness (scybalæ.) A few days sufficed to complete the cure.

Eight days after its expulsion, the large calculus weighed eighteen grammes and measured in millimetres forty-three, twenty-three and sixteen; circumference, nine.

It was thought it had passed directly into the intestine by the adhesive process, without traversing the biliary passages and the small intestine. The latter course would almost assuredly have produced a fatal result.

2. *Intermittent Broncho-Pneumonia.* BOURGADE. (*Jour. de Méd. et de Chir.*, Feb., 1876.)

The disease has been observed when the hygienic conditions of countries where fever prevails have been modified by cultivation, etc. The physical signs of the disorder are quite like those of ordinary broncho-pneumonia, though perhaps less pronounced. Its onset is very insidious and accompanied by violent matutinal fever, which almost completely disappears during the intervals of the access. The disease may continue obstinately. It is sometimes terminated by pernicious fever, yet if it is correctly diagnosed, it yields readily to the sulphate of quinia.

3. *Cardiac Chorea.* BOYER. (*Le Progrès Médical*, No. 52.)

Chorea, exclusive of rheumatism and the exanthematous fevers, may induce fatal endo-carditis, not merely the choreic palpitations of Spetz-müller and Benedikt. In Boyer's two cases, there were valvular vegeta-

tions but no embolism, which disproves the English theory that capillary embolism produces chorea, since the latter evidently precedes the cardiac lesion.

One of the two cases reported, which at the outset assumed the paraplegic form, disclosed, *post-mortem*, a dense adherent cerebral pia-mater and the cortical substance as friable as in general paraplegia, a white substance also friable, a recent cervical spinal meningitis, and, in the lumbar portion of the cord, an alteration of the gray substance, and the right antero-lateral column. Others have noticed meningeal and cortical alterations in chorea: Blache cites a case of purulent meningitis; Rokitsky has seen softening of the medulla; Demme, sclerosis of the latter; Frichard, congestion; Lockart Clarke, alteration of the medullary cells.

Hayem recalls the lesions of the protuberance of the cerebral convolutions of the central parts of the hemispheres, etc., noted in grave cases of chorea; none, however, is constant, unless it be meningo-rachidian hyperæmia, which is rather a consequence of the terminal asphyxia.

Charcot remarks that symptomatic hemichorea, preceding or following hemiplegia, seems to be connected with lesions of the posterior portions of the optic thalami, of the tubercula quadrigemina, of the upper segment of the cerebral peduncle, and the foot of the fan-shaped termination of the crura cerebri (*couronne rayonnante*.)

Tückwel has reported two cases of chorea with obliteration of the posterior optic arteries.

#### 4. *Differential Diagnosis of Hysteria and Epilepsy.* DELASIANNE. (*L'Union Méd.*, No. 15.)

It is true that hysteria presents itself in various forms, but in a certain number of cases there seems to be a combination of hysterical and epileptiform symptoms. In epilepsy the manifestations are cerebral—the movement is toward the brain, whether the point of departure is central or peripheral. In hysteria, the movement is toward the organs of motion—the manifestations are exterior—the point of departure is in the abdominal viscera. Of course in hybrid cases a precise diagnosis is impossible, as the symptoms of each neurosis are present.

In one case the reporter observed a woman, 20 years old, become suddenly pale, cease speaking, totter and fall; then make the loudest cries and weep for twenty minutes. The movements were purely epileptic, or at least epileptiform, while the cry was hysterical. In another case reported, there was a mingling of cataleptic and hysterical phenomena, with alternate predominance of the two disorders.

#### 5. *State-colored Tania.* LABOULBÈNE. (*L'Union Méd.*, No. 14.)

The general hue of these parasites is white or yellowish-white. A vigorous and intelligent Frenchman, 60 years old, who had lived many years in the United States and taken the part of the Confederacy in our late war, had experienced various nervous and epileptiform disorders; sudden

aphasia without loss of consciousness, difficulty of articulation, dyspepsia, rheumatoid pains, etc.

He finally discovered blackish dry granules in his bed. Under the microscope and moistened, these proved to be proglottides of *tænia* with a genital pore on each side, but with this peculiarity, that a blackish pigment in the form of minute granules, was distributed over the superficial layers of the tissue. The patient's wife assured the reporter that the negroes of North America often passed black worms (!)

The decoction of pomegranate rind brought about the evacuation of a large, strong living *tænia*, but gray and slate colored. Placed in a glass of warm water the worm moved slowly and exhibited salient and swollen genital pores of a whitish color, which, upon the discolored surface of the rest of the body, showed like pearls. The four disks upon the head were distinctly black. It measured six metres in length. Neither Davaine de Méricourt nor the reporter had ever seen or heard of a similar species of pigmented *tænia*.

6. *Rheumatism and Traumatism.* VERNEUIL (*Journal de Méd. et de Chir.*, Feb., 1876.)

Three groups are considered: 1. Where the wound and the constitutional disorder occur simultaneously and without appearing to have reciprocal effects. 2. Where the traumatic injury sensibly modifies the evolution of the general disease. 3. Where the course of the surgical lesion presents anomalies attributable to the constitutional condition.

The influence of the rheumatic diathesis upon the march of traumatic lesions seems clear. The serous effusion, œdema, plastic exudation, simple or hæmorrhagic congestion, pain of various kinds (precocious traumatic neuralgia), are of frequent occurrence in wounded rheumatic patients. On the other hand, there are abundant examples of traumatic injury which seem to reawaken articular diseases long since relieved.

Verneuil cites the case of a patient who, after contusion of the hip, had coxo-femoral arthritis and rheumatic disorder of several distant articulations. This woman had never suffered from rheumatism, but presented articular deformities of the toes. In other cases, rheumatism with various complications has appeared in rheumatic subjects a few days before a fracture. The phenomena occurring in the joints were not the sole evidences of the disease. Others, such as eruptions and congestions of different organs were likewise observed.

Gasselin has been struck with the influence exerted by the rheumatic diathesis upon traumatic arthritis. In these cases there is no tendency to resolution but to stiffness and ankylosis. Verneuil points to premature movement and prolonged immobility as obstacles to cure, and believes that *rheumatic arthritis occurring in the wounded has been mistaken for purulent infection*, and the favorable result correspondingly misinterpreted.

7. *A New Form of Pseudo-Paraplegia.* DR. T. GRAINGER STEWART.  
(*Lancet*, Nov., 1875.)

A Scotch laborer, æt. 35, complained of want of power in both legs and the right arm, from which he had suffered three years. At the beginning he had felt the sensation of a tight band drawn about his waist, which for awhile had prevented him from standing erect. Later, he had a sensation of uneasiness passing up the left leg and down the right, at which point it felt as though boiling water was being poured upon the limb.

Now, his sensation was good except slight numbness in all the digits of his right hand, except the thumb and fore-finger. Sight had slightly failed, especially in the right eye. Micturition was slow, and the bowels were constipated. On tickling the soles the legs became rigid from spasm of the muscles. While he could grasp firmly with the right hand, he could not perform the finer muscular movements, as of writing. He could flex the thigh, but on attempting to flex the knees, ankles or toes the antagonistic muscles would come into play, the parts becoming rigid. On trying to walk the legs were rigid, and the feet had to be swung forward in a circle. Sitting down, going up stairs, and getting into bed, were very difficult, owing to the rigidity in the legs. The vaso-motor, cerebral and mental and nutritive functions were normal. The muscles were everywhere well nourished. Electro-sensibility and electro-contractility were normal.

The peculiarity of this case was, "the almost perfect soundness of the sensory functions, and the undue excitability of the motor structures," whereby voluntary movement was prevented by corresponding contractions of antagonistic muscles, "general contraction being also induced by peripheral irritation." These features, so far as Dr. S. is aware, do not correspond to any description of any disorder heretofore published. This patient was practically paraplegic although not really so, the power of muscular contraction being nowhere impaired. It must be a pseudo-paraplegia. The essentials of locomotor ataxy were wanting. It had none of the features of hysteria; moreover, on examination, the discs of the eyes were grayish, their outline ill-defined, and the vessels were diminished in calibre—affording proof of organic disease of the cord. He believed the lesion was in the antero-lateral columns of the spinal cord, and that it was of the nature of sclerosis. He predicted the ultimate occurrence of real paraplegia.

The application of ice-bags along the spine appeared to be followed by temporary improvement. When they were applied for some time the patient bent his legs readily, but when he attempted to walk little difference was noticed. Ergot and conium had both proved useless.

8. *Infectious Pneumonia.* A. W. BLYTH. (*Lancet*, Nov., 1875.)

The author reports an epidemic during 1875 of pneumonia, about Barnstaple, England, that appeared to be infectious. The disease in



many cases had symptoms of pleuritis, so that they might properly be called pleuro-pneumonia. In a number of instances a large part of a family would be attacked in succession. In the five unions (towns?) of South Molton, Okehampton, Torrington, Bideford, and Delverton, during 1874 the deaths from pneumonia per 1,000 deaths were respectively, 84, 48, 24, 22, 14. During the first half of 1875 the proportion was respectively, 126, 98, 111, 71, 144.

B. thinks the fact that cattle have an infectious pleuro-pneumonia; that both men and sheep have a small-pox; that both men and horses have a scarlet fever (strangles); that they both have a typhoid fever, should make us, by the mere suggestion of the analogy, ready to believe in the possibility of an infectious pleuro-pneumonia.

9. *Death by Lightning.* BALLANTI PIETRO. (*Il Raccoglitore Medico; Allg. Med. Centralz.*, 1876, No. 9.)

On Aug. 5, three laborers who had sought protection from a storm under a high pile of wheat were killed by lightning. The three bodies were found lying on their backs in a half circle, with dark blood flowing from the mouth and nostrils. The hair of the head was singed along the sagittal and lambdoid sutures; the hair of the chin, the breast, the arms and legs was entirely burnt off. The skin of the front of the bodies showed a number of small burns running in zig-zag lines. *Very peculiar to all three bodies was a red brown spot and a horizontal rent of the sclerotic coat of the right eye, as though it had been cut into.* Subcutaneous extravasation over the skulls; venous congestion of the meninges, cerebrum, cerebellum, and medulla oblongata; a sanious exudation at the basis of the brain and over the spinal cord. The right lung was normal, the left filled with dark blood. The right auricle and the left ventricle of the heart were filled with dark blood, while the left auricle and right ventricle were empty.

10. *Otis' Simplified Aspirator.* DR. F. N. OTIS. (*The Med. Record*, Jan. 29, 1876.)

Dr. O. has devised an aspirator "from materials within the easy reach of every surgeon." It "consists of an ordinary well-fitted syringe of any convenient size, joined to which by an inch of rubber tubing is a short hard rubber, metal or glass bifurcating tube. To each arm of this tube is attached another bit of rubber tubing which terminates in a hard rubber valve, such as is used in the construction of Davidson's syringe. These valves are arranged to work in reverse directions. On retraction of the piston, the valve which should be connected with the aspirating needle opens and permits access through the needle to the barrel of the syringe. The piston being driven back, this valve closes while the other opens and permits the escape of the fluid through the opposite tube, connected with a discharge pipe. The last mentioned valve is closed on

the retraction of the piston. Near the base of the needle a short glass tube is inserted in a break in the tubing, to afford early information of the character of the fluid in process of evacuation."

11. *Mortality of Mariners, Railroad Men, etc.* EDGAR HOLDEN, M.D., Ph.D. (*Amer. Jour. Med. Sc.*, Jan., 1876.)

Dr. H. makes a careful study of the rate of mortality both from accident and natural causes in mariners, railroad employes and travelers for pleasure and business. It appears that the healthfulness of the occupation of railroad men, who are much in the open air, largely counterbalances the tendency to mortality from accident.

From a careful study of many tables of mortality of insurance companies, of railroads, and of the census, he concludes: "that the actual death-rate among railroad employes is less than among many occupations considered more favorable to life; that the *proportion* of deaths from the accidents of their occupation is considerable, but shows a balance favorable to the general healthfulness of the occupation; that the actual extra hazard lies among freight brakemen, but is yet less than that found to exist in the safer occupations."

The mortality among ordinary mariners is much greater, 12 or even 20 extra deaths per 1,000 "will not cover the actual extra mortality." This does not apply, however, to officers or seamen of our navy, whose death-rate "from all causes does not exceed that of the cities of the United States."

Among sailors in the bunks of coasting and fishing vessels, there was a mortality of 111 per 1,000, while in our navy in the years before the war, the mortality was only 20 per 1,000, reckoning officers and men together. To be more exact, among officers the rate was 25, and among the men 19 per 1,000.

The statistics of deaths from railroad accidents are interesting. In 1868 the average number of passengers carried to each one killed, on the railroads of the State of New York, was 236,337. In Great Britain, according to the report of the Board of Trade, "only one passenger out of 2,312,533 is said to have been killed." "In 1867 the figures stand 1 to 1,336,728; and, in 1866, 1 to 1,073,804."

"Voyagers for health or pleasure," Dr. H. concludes, "are not of necessity at extra risk of life," while voyagers for business or profit are at extra risk "only so far as the character of the climate, the length of stay, and question of acclimation are concerned."

12. *Vomiting of a Curious Worm.* SAGER. (*Peninsula Med. Jour.*, Feb., 1876.)

At a recent meeting of the Washtenaw Co. Medical Society, Dr. Abram Sager, of Ann Arbor, presented a photograph of a worm with the following history: "This worm, 2½ inches long, was vomited, while alive, from the stomach of a child five years old after taking a dose of ol.

terebinth. The child had heretofore been subject to feverish attacks which had been attributed to worms, and had been relieved by the use of common vermifuges. At this time the child had been indisposed for several days and passed several of the common *ascaris lumbricoides*, but got no relief until this worm was thrown off. The worm has bony mandibles, but no antennæ discoverable."

Dr. Sager thought it a larva of the common moth, and that it might subsist and grow for a time in the human stomach. There was always air enough in the stomach for the respiration of such an animal; it could live and breathe similar to the larvæ of the gadfly or bots in the stomach of the horse; "it could breathe through one of its spiral air tubes, there being free anastomosis between its air vessels, while attached to the mucous membrane of the stomach."

13. *A Great Mass of Cherry Stones in the Rectum.* DR. W. H. WESCOTT. (*Boston Med. and Surg. Jour.*, Feb. 24, 1876.)

A boy eight years old had, in July, complained of tenesmus for several days, but had passed only mucus tinged with blood. Cathartic medicine had produced only griping and more tenesmus. The bladder was found enormously distended and on attempting to pass the catheter, it was suddenly arrested. The rectum was found full of cherry-stones, "filling the whole pelvic cavity and pressing the urethra against the pubic arch." The stones were so firmly glued together that it was difficult to separate them. After removing with the forceps one hundred of these bodies, the boy passed urine freely. "Palpation discovered numerous masses of the stones in the large intestines," and the next day the rectum was again packed full of them. All of the stones discharged were not preserved, but those that were, measured six ounces and six drachms.

14. *Ready Method of Preparing Sections for the Microscope.* DR. JOHN STEVENSON. (*The Edinburg Med. Jour.*, Jan., 1876.)

A mixture of glycerine and tragacanth soon becomes stiff like jelly, and may be used to advantage in which to imbed tissues for the purpose of making slices for the microscope. It cuts like cheese after standing eight or nine hours, and by keeping it in methylated spirit twelve to twenty-four hours it parts with its glycerine and becomes more easily sliced by reason of its being harder. The material is dissolved off the section by cold water with a little glycerine added.

The proportion Dr. S. uses, is two drachms of glycerine to one and one-half drachms of powdered gum tragacanth—to be rubbed together on a slab or plate. Much less gum trag. than this proportion makes a material too soft. If not to be sliced within twelve hours from the time of its preparation the material should be preserved in methylated spirit.

15. *Significance of the Anæsthesia of the Deltoid Region in Dislocations of the Shoulder.* TH. ANGER. (*France Médicale*, 1876, No. 9.)

At a meeting of the "Société de Chirurgie," Anger reported the following case: A man contracted a dislocation of the shoulder by a fall; the next morning the doctor discovered a complete anæsthesia of the skin of the deltoid region and therefrom inferred a contusion or a laceration of the circumflex nerve had occurred. After reduction the anæsthesia persisted and the deltoid muscle was paralyzed. Six days afterwards the patient died, and the autopsy revealed a contusion of the circumflex nerve at the point where it gives off the cutaneous branch for the deltoid region; at that place there was an ecchymosis in the sheath of the nerve. When, therefore, before or after the reduction of a dislocated shoulder the sensation of the deltoid region is gone, one may fairly assume a lesion of the circumflex nerve and expect sooner or later to find the deltoid muscle paralyzed.

#### V. THERAPEUTICS.

1. *Diabetes Treated With Glycerine.* JULIUS JACOBS. (*Virchow's Arch.; Allg. Med. Centralz.*, 1876, No. 9.)

Like many other remedies, glycerine has been recommended for diabetes at different times; of late, Prof. Schultzen advocated its use very strongly, and in support of his recommendation advanced the following theory: Diabetic patients lose by the excretion of sugar an immense amount of respiratory food, and therefore must use up their fat and albumen in its stead. If they receive glycerine which within the body is not transformed to sugar, but directly to carbonic acid and water, the respiratory machine can be fed without waste of the tissues.

The author having two severe cases of diabetes tested the influence of glycerine on this disease. During the whole time of observation the two patients received at certain intervals a fixed quantum of mixed food, so that the daily ratio was alike throughout the whole course; and each took in 24 hours the following mixture: Glycerine, 25 grammes; tartar. acid, 5 grammes; water, 700 grammes.

In both cases he observed a gradual decrease in the quantity of urine, and a proportionate decrease in the quantity of water the patients drank, without their having diarrhœa. The daily quantity of sugar was reduced to a certain small amount while the patients, gradually and steadily, gained in strength, so much so that after a short time both patients did not feel any signs of their sickness. While the one patient did not gain much in weight, though certainly he did not lose any, the other added 4,400 grammes to his bodily weight within three months. The patients always had a good appetite without that annoying sensation of hunger so troublesome to these patients; they never had diarrhœa or vomiting.

No remedy has yet been known which could completely cure the diabetes; but some remedies are known to moderate the most prominent symptoms (apparent cure) and most likely to prolong the life of the patient. And among these remedies glycerine stands uppermost because taken continually in the above doses, it causes a marked improvement, at least for awhile, and it does it even when the patient is allowed to live on mixed diet.

2. *Salicylic Acid for Articular Rheumatism.* KATZ. (*Deutsche Med. Wochenschr.*, 1876, No. 4.)

To confirm the beneficial influence of the salicylic acid upon rheumatic arthritis (see Summary March No. of this vol.), Katz reported the following case: A baker was laid up with articular rheumatism on Jan. 4; at first the ankles, then the knees, later the fingers, wrists and shoulders were affected; great tenderness, soreness and swelling of the joints, fever moderate, pulse 100 to 120; ordered nitrate of potass., quinine and morphine at night. No improvement; on the evening of the 14th, temper., 39.3° C., pulse 100, both shoulder joints exceedingly tender, both wrists greatly swollen, the fingers thick and immovable; patient took one gramme (about 15 grains) of salicylic acid in a wafer at six P. M., and half a gramme every hour afterward till midnight, taking altogether four grammes (one drachm) of salicylic acid. When the doctor called next morning he was greatly surprised by finding his patient out of the bed and using his hands and arms quite freely. Took two grammes of the acid during the afternoon; in the evening no fever, pulse 90, no pain, no swelling of joints; patient was up, complaining of nothing except a profuse perspiration. Forty-eight hours after the beginning of the treatment with salic. acid he could walk alone.

3. *Treatment of Erysipelas.* PROF. D. W. YANDELL. (*Louisville Med. News*, Feb., 1876.)

After reviewing cursorily the treatment of this disease by Gross, Quain, Elliotson, Velpeau, Malgaigne and others, the Professor gives, in one of his excellent clinical lectures, his treatment of this disease, which is here epitomized. Local remedies are not highly flattered by the lecturer. The only "grateful" external application mentioned (unenthusiastically, however,) is the benzoated oxide of zinc ointment with carbolic acid, one grain of the latter to ten or twenty of the former. A closely applied roller bandage, in some cases kept moist by warm or cold lotions, is recommended when the extremities are the seat of the disease. If incisions are thought best, they should not be more than an inch long, or, at most, two or three inches long, carried along the direction of subjacent muscular fibre, deep enough to reach the matter. For œdema, simple lancet punctures are sufficient. In simple cases, in patients of "fair constitutions," an emetic should be administered, followed by a mercurial purge, combined, if necessary, with an opiate. In many cases naught more is

needed. If, subsequently, the disease persist, then cooling remedies will be needed. If debility ensue ultimately, the general treatment should be tonics and stimulants. Food should be given in small quantities, and of the blandest kind. Muriated tincture of iron is a specific with many physicians, but not with the Professor. After a protracted, methodical trial of this agent in erysipelas, along with the late Professor Rogers, the conclusion reached by these two gentlemen was, that they were "not able to see any special good from it, except in cases where tonics were clearly indicated, and in those cases, occasionally met, where *albumen was found in the urine.*" In the latter class of cases, the iron possesses *peculiar efficacy*. "Indeed, it seemed that the power of the muriated tincture was just in proportion to the amount of albumen contained in the urine." Quinine is unequivocally good in two classes of cases only; *first*, in those occurring in malarial districts or malarial seasons; *second*, in those where the septic element is greatly in the ascendant, as in traumatic examples of the disease. In the former it will seldom disappoint, and in the second it is "well nigh the only ground of hope." No *specific* treatment exists, hence none is given by the Professor.

4. *Salicylic Acid for Foul Breath and Offensive Expectoration.* Prof. DA COSTA. (*Phila. Med. and Surg. Reporter*, Feb., 1876.)

The following prescription, used as a mouth wash and gargle, has yielded much satisfaction in the above named troubles:

R. Sodii Boratis, Acidi Salicylici, aa, grs. x; Glycerinæ, dr. j; Aquæ, ad oz. j. M.

The Professor recommends this combination in cases of foul breath arising from almost any cause whatever, as from fetid bronchitis, from disordered stomach, or indigestions with bad breaths from pulmonary abscess or cancer, etc., etc. Five grains, three times a day, were given; The purification of the breath was accomplished satisfactorily; the expectoration was improved in odor, but was not abolished.

5. *The Physiological Action of Prussic Acid.* BOEHEN and KNIE. (*Allg. Med. Centralz.*, 1876, No. 10.)

The authors arrived at the following conclusions:

1. The prussic acid has a direct influence on the centres of the nervous system, and in great doses annihilates their functions.
2. The disturbances of respiration and circulation are caused by a stimulation of the medulla through the poison.
3. The pneumogastric nerve is not implicated.
4. Atropia can not be regarded as an antidote against prussic acid; and in case of poisoning, artificial respiration is the only reliable remedy.

6. *Subcutaneous Injection of Lamb's Blood in Cases of Melancholia Considered Incurable.* VOISIN. (*Gazette des Hôpitaux*, No. 5.)

A patient is described whose grave condition was not ameliorated by the most tonic regimen. V. opened the jugular vein of a lamb by a lon-



gitudinal incision and withdrew into a porcelain vessel fifty grammes of blood. He then introduced a needle into the internal face of the right arm of his patient, gave it a lateral motion so as to tear open the lymphatics and capillaries, filled with blood a glass syringe terminating with a rubber tube which was fitted to the needle, and injected the blood without difficulty. A tumor as large as an apple resulted, the patient complaining of slight pain. A twisted suture was applied to the wound in the lamb. There was slight inflammation during the next few days, which soon disappeared. In five days the tumefaction was gone, and the general condition was improved. A second injection of forty-five grammes of blood followed. No evil results. As there was no albuminuria and no bile pigment in the urine, it followed that the injected blood globules remained in the system. The urine, heated and treated with nitric acid, exhibited a slight color of the lees of urine. The general condition continued to improve. The subcutaneous injections of morphia, which were not well borne before the injection of blood, were soon more and more tolerated.

Voisin has experimented in a second case with similar measures—introducing the blood every eight days with satisfactory results.

7. *Treatment of Scrofulous Sores or Runnings.* McLENNAN. (*Med. Times and Gaz.*, 1876.)

The writer, in a communication to the *Times and Gazette*, states that for the past twelve or thirteen years he has treated the above-named troubles with corrosive-sublimate in whisky. Three grains of this salt put into a pint bottle of whisky, is the strength of the solution used. A rag dipped in this preparation twice or thrice a day and laid on the sore and continued till the sores are all dried up, is all that is needed. In no case in which this treatment has had a fair trial, has it failed.

8. *A General Antidote for Poisons.* JEANNEL. (*Medical Press and Circular.*)

M. Jeannel gives the following formula for an antidote for a number of deadly poisons:

Solution of Sulphate of Iron (D. 1.45),	100 parts.
Water,	800 "
Calcined Magnesia,	80 "
Washed Animal Charcoal,	40 "

These ingredients are kept separate, the solution of sulphate of iron in one vessel, the magnesia and charcoal in another, with some water. When needed, the sulphate solution is poured into the last mentioned receptacle and violently agitated. The mixture should be administered promptly in doses of from 1.6 to 3.3 ounces. From experiments, M. Jeannel finds that this antidote, employed in proper proportions, renders preparations of arsenic, zinc and digitalin completely insoluble.

9. *Dressing for Burns.* DR. Q. C. SMITH, of Cloverdale, Cal. (*Pacific Med. and Surg. Journal.*)

Mix subnitrate of bismuth with pure honey till it forms a thick paste and spread it over the burn and contiguous parts plentifully and cover with cotton wool batting, and bind closely. Remove the dressing in three or five days by soaking in water, and reapply same remedy. The reporter considers, after trying many kinds of dressing, that this dressing is the best.

10. *Ergot of Rye as an Antipyretic.* HAYEM. (*Rev. de Therap.; The Clinic.*)

The writer tried ergot in cases of enteric fever, with the object of lowering the temperature. The results were very satisfactory, and its employment in this disease seems to M. Hayem preferable to that of quinia or digitalis. Under ergot there is a much more rapid defervescence; and at the period of the acme, instead of there being a rise in the temperature chart, a plateau is obtained. In some cases in which the ergot was only given during the day, the evening temperature was not so high as the morning. The dose varied from thirty to fifty grains in the twenty-four hours.

11. *Temperature of Drunkards.* REINCKE. (*Deutsche Arch. f. Klin. Med.*, 1875.)

Drunkenness—profound—can be easily diagnosticated from other causes of coma by the fact that in the former the temperature is diminished. The internal temperature of intoxicated persons exposed to cold may fall to an extent truly astonishing. Rectal temperature will commonly fall to 95° or 93° F. Even 82° F. has been annotated, and in one instance the temperature fell to 75.2° F., and the subject upon whom this extraordinary temperature was noticed regained his normal heat in twenty-three hours.

## VI. OBSTETRICS.

1. *Siamese Obstetrics.* DR. W. L. HUTCHINSON, of Bangkok, Siam. (*N. Y. Med. Rec.*, Feb., 1876.)

The old "yi" or midwife superintends the manipulations and pressures made by friends of the patient, upon the occasion of her lying in. The woman is placed upon her back, and then a female friend is seated on each side; the latter press forcibly upon the uterus down and backward. If three or five hours of this procedure fail to expel the fœtus, then one of the attendants, steadied by her colleague, tramps upon the abdomen of the laboring woman, always treading anatomically above the uterus.

This failing, the last resort is to suspend the unfortunate by a strap beneath the arms. She is then clasped by the arms of one or both of the attendants, and the baby is *squeezed out* of the womb, or else something gives way inside the poor laboring woman, uterus, perineum or the baby's cranium. Comment on some of the horrible results of this high art is superfluous.

2. *Cæsarean Section.* BELLUZZI. (*Gazz. Med. delle Calabrie*, Jan., 1876.)

A young woman, twenty-nine years old, pregnant and at term, entered the Maternity at Bologna. She was rachitic, and the conjugate diameter was estimated at about forty-eight millimetres. The fœtus was living, and presented by the vertex. The os had dilated to four centimetres, and the waters had escaped.

Under anæsthesia, the intestines were discovered (by palpation and percussion) over the right side of the uterus. These were pressed away, as far as possible, and the incision made somewhat to the left, parallel to the *lenia alba*. The feet of a living and active fœtus were seized, and the body withdrawn from the uterine cavity, as well as the entire placenta; but, in spite of the utmost care, the intestines escaped from the womb and were replaced with difficulty. The mother entered upon convalescence, but soon died from metro-peritonitis. The child survived.

The pelvis of the dead woman examined, *post-mortem*, was found to measure in its conjugate diameter hardly 50 millimetres.

3. *Cæsarean Section, with Fortunate Issue both to Mother and Child.* TESTA. (*La Clinica, of Naples; Gazzetta Medica delle Calabrie*, Jan., 1876.)

A Neapolitan woman, thirty-two years old, had a pelvis whose lesser diameter measured scarcely ten lines. On the 2d of January, Prof. Cav. Raffælo Novi performed the Cæsarean section, in the presence of many professors and medical students, with the most brilliant results. From the time of etherization to the passing of the last suture, scarcely twenty minutes intervened. The incision of the uterus was made directly over the placenta. The fœtus was extracted living and active, and the mother was rapidly restored to health. This is the second successful operation recorded in Naples, and the happy results are thought due in part to the slight modification of the ordinary operation introduced by Prof. Novi.

4. *Deformity of Hand, resembling Foot, with Presentation in Labor.* COULON. (*Le Progrès Méd.*, No. 5.)

In a case of labor at term, with presentation of the trunk and fœtus long dead, version was attempted when dilatation was complete. When the hand entered the uterus, absence of the thumb was determined, with the presence of a limb bent at right angles, terminating in an osseous projection which seemed to be the calcaneum. C. attempted version with the limb, and failed. Fichoux was summoned, who encountered similar difficulty,

and then, abandoning this limb, sought and found another, by means of which the labor was terminated.

The fetus was found to be at term and of normal size. The right hand was normal in its direction, but not provided with a thumb. This appendage was also wanting in the left hand, which latter was also directed backward to the ulnar side, so that the ulnar border of the anterior part of the carpus and a portion of the metacarpus corresponded to the surface of the radio-ulnar articulation, the latter being represented merely by a small facet. The radius was almost entirely wanting. The ulnar border of the carpus presented also an articular facet. The superior face of the carpus was contiguous with the external border of the forearm, and projected beyond it, as the os calcis in the foot.

Hence the difficulty in recognizing the presentation.

5. *Treatment of Asphyxiated New-born Children by Allowing Blood to Escape from the Cord.* BUDIN. (*Le Progrès Méd.*, Jan. 15, 1876.)

The author clearly describes the distinction between blue asphyxia and white asphyxia of the newly-born. He also points out the danger to these infants from the induced hæmorrhage. They are left pallid and in a condition of "profound apathy."

When section of the cord is made at once, the infant is deprived of about 92 grammes of blood which should have been received from the placenta. If from two to four spoonsful more (40 to 80 grammes) be permitted to flow out, a new cause of profound anæmia comes into play. The infant then suffers a loss which in the adult would amount to 3,000 grammes. And all this for what? To relieve, you say, "pulmonary and cerebral congestion."

Pulmonary congestion can not evidently occur, since at birth there is atelectasis. As to cerebral congestion, that is only too readily mistaken for asphyxia. But even supposing there is congestion, let the infant be left attached to the cord and suffered to cry and respire freely. The cyanosis constantly disappears. The dilating lungs constitute a diverticulum into which the blood speedily pours; mixed with air in the pulmonary vesicles, this blood is rapidly oxygenated. The asphyxia and violet tint of the integument then disappear. If, on the other hand, bleeding from the cord is practiced, the hue of asphyxia disappears, it is true, but the skin, instead of assuming the delicate rose tint which is habitual, soon exhibits an extreme pallor.

The following conclusion is formulated: "In cases of asphyxia of the newly-born, before ligating and dividing the umbilical cord we should wait, if possible, for the establishment of respiration and the beating of the heart. *Bleeding from the cord should never be practiced before artificial respiration and insufflation have been tried*, in cases of apparent death.

6. *Best Period for Ligature of the Funis.* BUDIN. (*Gaz. Méd.*, Jan., 1876.)

At a recent meeting of the Société de Biologie, M. Budin read a communication (published in full in the *Progrès Médical* for January), giving an account of numerous investigations he had carried on in the Maternité, at the desire of M. Tarnier. From these it results that he is of opinion that the ligature and section of the cord should not be practiced until one or two minutes after the cessation of the pulsations in the cord, a very much larger portion of the circulating blood being retained in the system of the infant than when the cord is at once tied and divided. Moreover, the detachment and expulsion of the placenta, according to M. Tarnier's experience, seem to take place more readily when the infant has been allowed to breathe and cry for some time before its separation is effected.

7. *Congenital Absence of Uterus.*

C. C. Lewis, of Owensboro, Ky., reports a case of congenital absence of uterus, in a woman twenty-eight years of age, married three years. She, of course, has never menstruated, and has never experienced sexual desire. She has a vagina about three inches long, terminating in a cul-de-sac. She has well-developed breasts.

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## VII. GYNECOLOGY.

1. *Treatment of Chronic Corporeal Endo-Metritis by Pressure.* PROF.

T. A. REAMY, of the Med. Col. of Ohio. (*The Clinic.*)

The Professor advocates the use of laminaria tents, carried to the fundus uteri. The cavity of the uterus is filled full of tents and they are allowed to remain till uniform pressure has been exerted upon the corrugated, reduplicated folds of the sodden endo-metrium, ironing as it were, (or *sponging*) them out as smoothly as can be accomplished by this pressure from within outwards. First, one long tent is inserted extending from the os uteri externum to the fundus; then shorter ones are introduced reaching from the os *internum* to the fundus, numbering from two to four, according to the capacity of the body. The shorter ones surround the long one. The effect of this pressure upon the lining membrane of this organ is to cause it to respond much more readily to remedies, which can be much more easily applied. Six cases has the learned Professor treated thus, and he calls the attention of the members of the Cincinnati Academy of Medicine to this style of treatment by pressure.

(This subject is treated of by Prof. Byford only, in his work on the uterus. The *alterative effect* of pressure is there dilated upon. Professor Reamy is referred to that work.—Ed.)

2. *Fibroid Tumor of the Perinæum.* DR. ELY McLELLAN, U.S.A.  
(*Louisville Med. News.*)

The patient, Miss A., æt. 23 years, a seamstress by occupation, suffered greatly from the presence of a tumor occupying the perinæum, encroaching rather more on the vagina than the rectum, and inducing symptoms almost identical with those of hæmorrhoids. Its growth had been slow and was first noticed after wearing a disk pessary a few days. The patient, thoroughly anæsthetized, placed in the BREECH BACK position, was operated on as follows: The vaginal covering of the tumor was placed upon the stretch by means of retractors in the vagina and the operator's forefinger in the rectum pressing behind the tumor. An incision to the extent of the tumor along the vaginal raphé was made, and the vaginal portion carefully dissected off. Failing to remove the tumor by traction with the vulsellum, the mass was removed by the knife, in accomplishing which, the finger in the rectum was of invaluable service; for so close to the rectal wall was it necessary to go that the anal circular fibres were distinctly demonstrated. Recovery speedily took place. The tumor, of the size of a hickory nut, possessed no distinct envelope, "differed only in density and color from the surrounding tissues, was distinctly an outgrowth from the sphincter ani, and its cause was undoubtedly to be found in the local irritation induced by the use of the pessary." The extreme rarity of the location, and the undoubted cause (presenting an additional objection to such pessaries) of this tumor, are the reasons for writing its description.

3. *Uterine Hiccough.* FRITSCH. (*Medical Times; Med. and Surg. Rep.*,  
March, 1876.)

The patient, a young married woman, previously in good health, had been suffering from hiccough three months. No cause could be assigned. The paroxysms would come on at irregular intervals every day and disturb her more or less during the night. The menstruation was not disordered, but with it the trouble exacerbated. A great variety of therapeutics heretofore resorted to, had failed to give permanent relief and the patient's health was now evidently suffering. Vaginal examination revealed excoriations at the portio vaginalis uteri, with moderate cervical catarrh. In every other respect, the reproductive organs were found healthy. Local treatment with the solid silver nitrate was followed by a prompt arrest of the hiccough and ultimately in a complete cure of the primary disease. This case strikingly illustrates reflex manifestation.



## Book Reviews.

[NOTE. — All works reviewed in the pages of the CHICAGO MEDICAL JOURNAL AND EXAMINER may be found in the extensive stock of W. B. KZEN, COOKE & Co., whose catalogue of Medical Books will be sent to any address upon request.]

**PHTHISIS. ITS MORBID ANATOMY, ETIOLOGY, SYMPTOMATIC EVENTS AND COMPLICATIONS, FATALITY AND PROGNOSIS, TREATMENT AND PHYSICAL DIAGNOSIS.** In a series of Clinical Studies, by *Austin Flint, M.D.*, Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, Fellow of the New York Academy of Medicine, etc. Philadelphia : Henry C. Lea. 1875.

This is a book of 440 pages, divided into six chapters. The first five chapters are devoted mainly to clinical reports of cases of phthisis, 670 in number, which came under the author's observation during a period of thirty-four years. These are grouped and analyzed with reference to their morbid anatomy, etiology, symptomatic events and complications, fatality, prognosis and treatment.

Necessarily, many of the records are deficient in one or more of these elements, so that the various groups are much smaller than the whole number of cases studied.

Thus, in only eighty cases were the post-mortem appearances noted, and in the majority of these only the thoracic organs were examined.

So with regard to the symptomatic events, fatality, etc., many reports are more or less imperfect.

The latter part of the fifth chapter is made up principally of a repetition of the remarks on treatment which are scattered through the preceding pages in connection with analyses regarding various remedial measures. The last chapter treats of the physical signs and diagnosis of the different stages of phthisis.

The purpose of this book as stated in the introduction, is to give the results of clinical studies relating to phthisis.

These results in so far as they are of special interest, as differing from generally received opinions, or in suggesting new thoughts, we epitomize below.

Pulmonary phthisis is a bilateral affection, although it does not fully exemplify the law of symmetry; for both lungs are seldom affected equally, evidently owing to the affection being of older date in one than in the other. The common belief that the left lung is usually first, and therefore most deeply implicated seems erroneous, as shown by fifty-five cases in which the post-mortem condition of the respective lungs was noted. In 28 of these, the greater amount of disease was in the right lung, and in 27, in the left.

Acute miliary tuberculosis usually affects both lungs to about the same extent.

In regard to the relation which granulations, or miliary tubercles, bear to the more common form of phthisis, or tuberculous infiltration, we quote: "It is a reasonable supposition that granulations precede and determine the occurrence of the exudation (which doubtless consists of inflammatory products) within the air cells, the ulterior results being softening, liquefaction and cavities." In this opinion the author differs from those who, following Virchow, believe with Niemeyer, that "The greatest danger for the majority of consumptives is, *that they are apt to become tuberculous*," that is, affected with miliary tubercles. Professor Flint goes on to say: The greatest danger to the majority of consumptives relates to the amount of injury of the pulmonary structure, from exudation, liquefied morbid products, cavities, etc. In a small proportion of cases co-existing miliary tubercles are so abundant that acute tuberculosis seems to have been superadded to the chronic disease. But it does not follow that there is any causative connection between the two affections.

Lobar emphysema is believed to exert a protective influence against phthisis.

Pleuritic adhesions are almost universally found at

the autopsy in cases of phthisis, indicating that pleurisy generally accompanies the disease ; and fibroid solidification or interstitial pneumonia occurs in a large per cent. of cases.

A marked tendency to the development of phthisis during a particular decade of life is taken as evidence of the existence of a tuberculous diathesis.

Of 669 cases in which the sex was noted, 505 were males, and 164 females. These statistics differ widely from those of M. Louis, who, in 123 cases observed during a period of three years in a service at La Charité, Paris, found 57 males and 66 females. This variation, as the author remarks, illustrates the liability of statistics to be affected at different times and places by undeterminable extrinsic causes. It farther goes to show the unreliability of conclusions drawn from the analysis of a limited number of cases.

Unfortunately many of the conclusions in this work are based upon the analysis of so few cases as to be of little value ; however, the analyses are interesting and will have increased importance when added to others of a similar character.

We notice what seems to us an error in the author's conclusions, regarding the influence of occupation in favoring the development of phthisis. The occupation was noted in 212 of his private cases. Of these, 30 were physicians ; 32, clerks ; 4, bookkeepers ; 15, merchants ; 14, lawyers ; 11, farmers ; 8, medical students ; 6, clergymen ; 7, southern planters ; and 5, teachers. In all, seventy different occupations were noted, 46 of which were represented each by a single case ; 7, each by 2 cases ; 2, by 3 cases ; 2, by 4 cases, and the others as shown above.

The author thinks the number of physicians and medical students large from personal reasons. The number of clerks he takes as evidence of an unfavorable influence exerted by their occupation.

In his collection of private cases there was not a single

laborer; only one tailor, and indeed, with few exceptions, not more than one following any of the humbler callings. This would seem to indicate that his private cases were drawn from the better classes of society.

In the Chicago City Directory for 1873 and 1874, out of 1,066 names selected at random, we find 80 clerks and bookkeepers, 62 merchants and 148 laborers, beside many tailors, blacksmiths, foundry hands, helpers and others. Adding together the number of clerks, bookkeepers and merchants, we have 142, or a little more than 14 per cent., of the whole number, which still leaves an unfavorable showing for these occupations, if compared with his cases in private practice. However, the average of all persons named in the Chicago City Directory would not be a fair standard by which to compare his private cases, as shown by the fact that among the latter there was not one laborer, while in the directory list there are 148 in every 1,066 whose occupations are given, or about 14 per cent. If we were to take into consideration the number of horseshoers, helpers and others who would naturally be classed as laborers, the per cent. would be greatly increased and would nearly, if not quite, equal that of the laborers in his hospital cases, about 19 per cent.

It seems from these figures that the average of both his hospital and private cases would fairly compare with the average of the directory list.

The whole number of cases in which he noted the occupations, was 370, of which clerks, bookkeepers and merchants constituted 56, or a trifle over 15 per cent.

In the 1,066 names taken from the directory, clerks, merchants and bookkeepers constituted 142, or a trifle over 14 per cent.

It must be remembered that the author's practice has been mostly in cities, and it is probable that the class of persons with whom he came in contact did not vary greatly from the class named in our directory. We find that a little over 14 per cent. of the latter followed

in-door pursuits, that is, they were clerks, merchants or bookkeepers, while only 15 per cent. of his cases followed similar occupations. The difference is so trifling, we are forced to believe, that the author's conclusion regarding the agency of in-door life in the production of phthisis is based on insufficient data. His statement is as follows: "As it seems to me, it may fairly be concluded that these facts go to show an agency in the circumstances belonging to the life of clerks and bookkeepers which conduces to the development of pulmonary tuberculosis. The number of merchants may be considered as having, measurably, the same significance." We have purposely reckoned the merchants with the clerks and bookkeepers, as there is no essential difference in their habits with regard to in-door life.

Recalling the fact that the author's cases were mostly seen in city practice, it is interesting to note that the number of farmers was 14 out of 370 names, while in the whole number of names taken from the directory (1,066, there was not one farmer. Cities are full of merchants) and contain but few farmers, yet the number of the latter in this list of phthisical patients is only three less than the number of merchants; *a priori* this would be taken as evidence that of all occupations, farming predisposes most to the development of phthisis. This again shows how easy it is to err in drawing conclusions from statistics. To be accurate, we must not only know the number of persons diseased, but also the number who are healthy; otherwise we might fairly class nationality as a predisposing cause of disease, if in any collection of cases, the per cent. of Germans, Americans or English happened to be large. Prof. Flint holds to the common belief that out-door life, especially such as farmers experience, is in some degree protective against phthisis.

The analysis, so far as it goes, would support an opposite conclusion. It would not seem strange that persons exposed so much to the vicissitudes of the weather, often living poorly, sleeping in small, unwholesome rooms, and

frequently working beyond their strength, should be subject to this affection. Statistics gathered from a thousand country practitioners might show a great prevalence of consumption among farmers, for every physician experienced in country practice can recall many who have suffered from this disease.

The author concludes that occupation has an agency in the etiology of this disease, "in so far as it is sedentary and involves confinement within doors." He infers that pregnancy has considerable influence in the development of phthisis, from the fact, that out of 87 females married and under forty years of age, the disease occurred during or shortly after gestation in 22, yet pregnancy seems not materially to affect its course after phthisis has been established.

Pleurisy, bronchitis and pneumonia are not believed to stand in a causative relation to this disease.

Hæmoptysis, when coming from the bronchial mucous membrane and not dependent upon disease of the heart or injuries to the chest, may be considered a forerunner of phthisis, though the latter may not supervene for months or even years.

Contrary to the opinion of Niemeyer, that hæmoptysis is a cause of phthisis, Flint teaches that it is in some degree preventive. After the development of phthisis, hæmoptysis is thought to be a favorable event as regards the arrest or retardation of the disease.

Under the head of treatment, of profuse hæmoptysis, the author refers to the popular belief in the efficacy of sodium chloride, and he admits there may be some reason for it; however, he recommends, chiefly, opiates to soothe the patient, and the cardiac sedatives; among which he enumerates digitalis, aconite and veratrum viride. Digitalis is generally, and we think justly, believed to have an opposite effect on the heart's action from aconite and veratrum; therefore, in cases where the latter are useful, we should expect harm from the administration of digitalis.



Venesection is not advised ; in place of it, the author suggests ligation of the limbs. He says: "The effect on the circulation is very great, and without watching, fatal syncope might be induced."

He has employed hæmostatics, such as tannic acid, gallic acid, acetate of lead, pernitrate or persulphate of iron and ergot in many cases, but he finds it difficult to form any positive opinion as to their value, though he does not deny that they may sometimes aid in arresting bronchial hæmorrhage.

He professes to know little of the topical application of astringents. In one instance he saw persistent slight hæmorrhage arrested by inhalation of the vapor of turpentine. This reminds us of Hunter's expression regarding turpentine—"It is the best, if not the only, true styptic."

Persistent diarrhœa occurring during the course of phthisis, is a symptom of ulceration of the small intestines.

Death may result in these cases from peritonitis, induced by perforation of the intestine, or it may be the immediate consequence of profuse hæmorrhage.

Chronic pharyngitis does not denote the existence of phthisis, or a tendency thereto. Chronic laryngitis, which is a common complication of pulmonary phthisis, occurs more often in males than in females. There is reason for believing that it seldom or never precedes the pulmonary affection, and that when it accompanies the latter it does not militate against the chances of recovery, unless it interferes with deglutition.

This complication so often attends those cases of phthisis which progress slowly or are ultimately arrested, that the author considers it a favorable symptom. Permanent huskiness of the voice, or aphonia, is apt to result from laryngeal phthisis, and, unfortunately, these conditions can not be relieved by treatment.

Pneumonia occurring in connection with phthisis, usu-

ally terminates in resolution ; it is merely a coincident disease, having no relation to the phthisical affection.

Usually perforation of the lung in consequence of phthisis, is soon followed by death.

Of 24 cases recorded by the author, 21 were fatal ; and the remaining 3 presented symptoms denoting a like termination, but they passed from observation, and their histories are incomplete.

In 10 cases in which the duration was noted, the time from perforation till death averaged a little over three weeks ; individual cases varying from four days to two months.

Thoracentesis may relieve the pneumo-hydrothorax, resulting from perforation, but it can hardly be considered as more than a palliative measure.

Pulmonary apoplexy, gangrene of the lungs, and pericarditis, are among the extremely rare events which occur in connection with phthisis ; they are doubtless only coincident diseases.

The author believes pulmonary phthisis never results from renal disease.

He thinks the rheumatic diathesis (if it has any influence), is antagonistic to phthisis. This view is favored by an analysis of his cases, which gives only three in which the patients were known to have had rheumatism, though the latter is very common in the decades of life in which persons are most exposed to phthisis.

Perineal fistula was noted in 13 cases, in 8 of which the histories were too imperfect to be of value ; but the 5 remaining seem to have been benefited by it ; yet, as the author remarks, it is needless to say they are too few to serve as the basis of positive conclusions.

Of the 670 cases observed, 44 recovered, so that the signs of phthisis entirely disappeared ; in 31, the disease was arrested, so that the patients enjoyed fair health for years after the attack, without any increase in the pulmonary affection ; and in 10, the disease progressed so slowly that life was prolonged after its inception, from two and a half to forty years.

In most of the cases of recovery, there was evidence of only slight consolidation of the lung, and the question may fairly be raised, whether in some of these, other conditions than tuberculous deposits might not have caused the signs.

It may seem presumptuous for us to doubt the judgment of so experienced a diagnostician as the author, but this question has several times forced itself upon us in the consideration of just this class of cases, and we confess to skepticism regarding the diagnosis in several of these forty-four. The fact that a large number of cases, presenting signs indicative of slight consolidation at the apex of one lung, go on to the certain signs of phthisis, may be taken as evidence that similar cases which do not thus progress, are examples of recovery; yet, to us, the evidence seems incomplete.

The author thinks the probability of arrest or recovery from phthisis, other things being equal, is in proportion to the smallness of the deposit; though some cases terminate favorably after the local lesion has become considerable.

Age, sex, family predisposition, hæmoptysis, chronic laryngitis, pleurisy with effusion, and perineal fistula, have little bearing on the prognosis, though, as already stated, some of these may be taken as favorable symptoms.

Essential elements for a favorable prognosis, are good appetite and digestion, and a determination on the part of the patient to overcome the disease.

The duration of fatal cases is somewhat shorter in females than in males. It is likely to be short in females when developed during pregnancy, and in either sex when it occurs after the person has reached thirty years of age. Occupation, and habits as regards the use of alcohol, do not materially affect the duration.

Persistent fever is always a bad symptom, regardless of the amount of the pulmonary affection.

*Treatment.*—Acute miliary tuberculosis tends intrin-

sically to a fatal termination, and therefore its treatment embraces only palliative measures. Chronic phthisis, that is, the ordinary form of phthisis, has not in all cases an intrinsic tendency to death; on the contrary, in some instances it has an intrinsic tendency to a favorable termination, as shown by the recovery of many cases in which there was no treatment. This the author states succinctly as follows: "Phthisis sometimes ends in recovery, from an intrinsic tendency, without treatment. Hygienic treatment contributes, probably, in no small measure, to this ending. Cod-liver oil and alcoholics, in certain cases, exert a favorable influence."

The duration of the disease was noted in 112 cases; in which it was found to vary from a few months to forty years, the average being about thirty-three months. There was one case supposed to have existed for forty years; one, for thirty-one; and one, for twenty years.

There were 7 cases lasting from ten to fifteen years, and 5 lasting from five to ten years.

The most interesting analysis in the book, is that of 31 cases, in which the disease was allowed to take its course without any treatment of importance, either hygienic or medicinal. Of these cases 8, or about 26 per cent., recovered; in 6, or about 19 per cent., the disease was arrested; and in about 51 per cent. it ended fatally, after a period of from six months to fourteen years.

This analysis is of much importance as a contribution to the study of the natural history of phthisis, and it should make us more modest in our expressions about curing disease, and more careful in our estimation of the value of remedies employed.

There is no error more general or absurd than that of believing recoveries due entirely to the medicines which the patient happens to be taking at the time. This error is so general that even professional men often honestly believe their medicines to have wrought a cure, which was but the natural termination of disease, or the result of non-medicinal causes.

The analysis of 55 cases treated by hygienic measures (under which term the author embraces tonics, palliatives and change of habits as regards out-of-door life), gives 15, or a fraction over 27 per cent., of recoveries; in 10, or a little less than 18 per cent., the disease was arrested; in 7, or about 13 per cent., it was slowly progressive, and in 23, or about 41 per cent., it ended fatally in a short time.

Compared with the preceding analysis, we find the proportion of recoveries greater in this, by a little less than 2 per cent.

The proportion of deaths, as shown here, is a little less, but if we add the number of slowly progressing to the fatal cases in this list as was done in the former, the proportion of deaths is nearly 55 per cent., instead of 41. In this group, the per cent., of cases in which the disease was arrested, is less than in the group which received no treatment. At the first glance, these statistics would seem to show that hygienic treatment was worse than no treatment at all; yet the author thinks "these figures show some influence of hygienic measures on the termination of phthisis, although much less than was to have been expected."

The author concludes that benefit is derived, in many cases from change of habits, involving giving up in-door and sedentary callings and engaging in out-of-door and active pursuits; and in some cases, from a permanent change of residence, in which instances the improvement is more or less due to accessory circumstances; in others, sea voyages and change of climate are especially beneficial. The benefit in this latter instance, seems due more to incidental circumstances than to any special climatic influence, and, therefore, he deprecates the practice of sending patients far advanced in phthisis, away from the comforts of home, perhaps to die among strangers, uncared for and alone.

Chlorate of potassa, alcoholics *moderately*, pancreatic emulsion, and some other remedies, he has used, but not

in a sufficient number of cases to render the analyses of much value ; however, these remedies appear to possess no special influence in checking this disease. Cod-liver oil seemed to benefit some cases, and so also did the *free* use of alcoholics. The hypophosphites were tried in 16 cases, two of which recovered.

In the general remarks on treatment, the importance of good alimentation is insisted upon ; alcoholics, freely, are recommended, when, upon trial, they are found to improve the patient's general condition. Cod-liver oil is recommended, when it is well borne by the stomach ; when it is not, some of the other fats may be substituted, and in some of these cases cream will be specially beneficial. In some cases, the cool sponge-bath, daily, seems to invigorate the patient. If we decide upon change of climate, the patient's feelings should be consulted in making the selection. As a rule, mild climates are best for those who are most comfortable in warm weather, and colder climates for those who prefer winter.

Diarrhœa, resulting from intestinal indigestion, is to be treated by tonics. Night-sweating may be checked by some of the remedies in common use for that purpose, and daily paroxysms of fever may often be relieved by anti-periodic doses of quinine.

The author thinks that the marital relations do not operate unfavorably upon the patient ; but that children springing from such a union are likely to inherit the tuberculous diathesis. An analysis of these cases fails to furnish sufficient ground for supposing that phthisis can be communicated by the husband to the wife, or *vice versa*, through the intimate relations of married life.

We, therefore, conclude that the only evil likely to result from the marriage of phthisical persons falls upon their descendants.

The author asks : " Shall the physician approve of the marriage of phthisical patients ? "

He gives the conclusions drawn from his analyses, but leaves the reader to answer the question according to his



own sense of morality and justice. Individually, we believe it wrong to inflict needless injury upon the living or the unborn, and in view of the facts presented, we hope the profession and the public will answer this question with a decided no.

The last is a well-written chapter, treating of the physical signs and diagnosis of phthisis. Its teachings do not materially differ from those of other authors, but a few minor points are noticed which we do not remember to have seen in other books. Among these we find the following:

Cracked metal and amphoric resonance may sometimes be elicited over the primary bronchi when the intervening lung is solidified.

Neither whispering pectoriloquy, nor pectoriloquy with the loud voice, are distinctive of cavities, because articulate words may be transmitted by solidified lung. The pectoriloquy produced in cavities may be distinguished from that occasionally obtained over solidified lung by being low-pitched and blowing, while the latter is high-pitched and tubular.

The author describes cavernous, and broncho-cavernous respiration, and cavernous respiration with an amphoric intonation.

The first of these is pathognomonic of a pulmonary cavity. It is a low-pitched non-vesicular puffing or blowing sound, heard during both portions of the respiratory act.

A few typographical errors occur in this as in most other books; thus, in the record of a case (p. 86), it is stated that he had not lost in *height*, and similarly (p. 257): "The heart was enlarged, weighing fourteen pounds."

Though the analyses which are given in this work have been carefully made, we can not but think the number of cases in each too small to justify definite conclusions; yet we feel under obligation to the author for leaving to us the results of his labor and large experience, for we think

the histories of these cases will become of great importance when compared with many more of the same character.

The publisher has perpetrated another nuisance by binding with this work an advertising pamphlet, which interests only himself. We think it outrageous that any one who wishes to place this work in his library, must store with it such a quantity of trash.

Handbills are useful in their places, and may possibly be ornamental on fences and neglected walls, but none of us care to cover our libraries with them.

We hope publishers will soon learn to send us their advertisements in a more agreeable manner. E. F. I.

THE BEST WELFARE OF INVALIDS SEEKING THE BENEFIT OF CLIMATE; with Suggestions for the Co-operation of Physicians, Life Insurance Officials, etc. By *Charles Denison, M.D.*, Denver, Colorado.

This brochure of Dr. Denison is full of practical suggestions, and its perusal must lead us to profitable reflections on change of climate. Among other things he says: "The facts and statistics, the results of experience, which are to constitute the storehouse of knowledge in this important direction, are yet to be furnished by faithful observers. The basis of climatic treatment, if there has been any, has hitherto been largely furnished by interested parties whose mercenary motives have greatly affected their influence. The Kansas Pacific Railroad, for instance, with the business zeal characteristic of railroad enterprises, has expended over a hundred thousand dollars in advertising Colorado, chiefly as a health resort. This has been done in a manner not very dissimilar to the way a patent medicine vender would advertise his claims, yet, perhaps, with not as much injury as he would do if working on as large a scale. \* \* \* \* \*

Most desirable statistics, of just how many do annually journey far for health, are wanting. We have only newspaper reports of so many being *here* and so many *there*,

a number spending the winter in one locality or the summer in another."

In the absence of the definite knowledge which an accumulation of statistics would afford us, it is not strange that mistakes should be committed in selecting a climate for invalids.

The Doctor points out other errors of great moment in the following paragraphs :

"A point of great importance in this connection is, that of those who do resort to healthful climates for regaining lost vitality, many are constantly perpetrating this mistake, that simply *to be* in the vicinity of the health resort is sufficient, while the temper of the mind, the out-door life, and the blessed sunshine, are disregarded. I can not better express my opinion of the necessity of some supervision over the habits of thought and the separation of consumptives from each other, than to quote from an excellent letter from Dr. D. I. Caine, of Asheville, N. C. He says :

"I think it is a great and grave error for persons of wealth, intelligence, refinement and high nervous organization to be congregated in buildings at different health resorts, whether they be called hospitals, hotels, boarding houses, etc. The spectacle to each other, of so many afflicted with the same or similar disease ; the sight of the dying, reminding them of their own (nearly certain) end; the staple subject of talk being the amount of expectoration, the degree of cough, of sweat, etc., etc.; all these tend to exert a very depressing influence upon all. So far from advising *aggregation*, I have invariably advised *segregation*."

"There is often, too, a lack of confidence and mutual dependence between physicians widely separated, which I can not help thinking sometimes lessens the patient's chances of recovery. Who can be expected to know more of the conditions of life and success in treatment, at a far distant health resort, than the observing physician whose field of work is there? In this connection let me quote from an interesting letter from a faithful observer, Dr. Manning Simons, of South Carolina :

“ ‘I am perfectly satisfied that a more careful consideration is due to the application of climate to pulmonary disease than the subject receives. Too much is trusted to chance and experiment in individual cases. A physician sends his patient away for a change, not with any definite idea as to the indication to be met by any particular climate, but all of them to the same region, that most fashionable at the time. Most of the people from the Northern and Eastern parts of the country, who make up the largest part of those who travel in the South in search of health, seldom consult Southern physicians, but prefer to communicate, even by letter, with their own medical attendants, who, though at a distance, are presumed to know more of this matter than those of us who have looked especially into the subject.’ ”

As a means of procuring extensive statistical information, and properly making use of it for the benefit of the invalid, the Doctor proposes a Climatic Association, composed of physicians interested in such labor, and especially representatives from the health resorts of America, devoted to the prolongation of life and the adaptation of climate to the needs of invalids. It should be their work to gather statistics of all climates, familiarize themselves with the details of their special labors, and to tabulate all the results of the journeyings of invalids in America from now henceforth.

This association should always seek to prevent the *useless* and encourage the *useful* migrations of invalids, and continually watch over the journeyings of their patrons.

Insurance companies could, and the Doctor thinks would, avail themselves of the knowledge gained through this association, to send their invalid policy holders to suitable climates for the prolongation of their lives.

Through a central council or bureau of medical advisers, communication with the rest of the medical profession, insurance companies, and invalids generally, could chiefly be carried on by means of a specially prepared medical examination or diagnosis paper, and in return advice could be given as to the choice of climate, mode of life needed, etc., etc.

Such, in brief, is the plan proposed for consideration. Let us, by way of illustrating how this scheme would work, suppose a single case.

A. B., of Maine, for instance, is in failing health, his case is complicated and he has reason to fear consumption. Either from a previous knowledge of the Climatic Association, or by the counsel of his physician, he writes to the Advisory Bureau. The examination papers are sent to A. B. (or his physician) with advice, if needed, as to what physician should make a medical examination of his case. The examination papers are filled out, partly by the physician and partly by A. B. himself. These are returned to the Advisory Bureau. These are full and explicit, giving particulars upon all points which should be inquired into. Thus, with the medical facts, personal history, desires, pecuniary circumstances, etc., of the applicant before them, the head-physician can advise the mode of life and change of climate, etc., needed, better than any physician alone, whose time is taken up with busy general practice.

TRANSACTIONS OF THE COLORADO TERRITORIAL MEDICAL SOCIETY,  
at its Third and Fourth Annual Sessions, held in Denver,  
June, 1874, and June, 1875.

The transactions for 1874 are very briefly reported in the volume before us, most of the papers having been published elsewhere. In 1875 the report is more full. There is a very interesting report on Gynecology, by Dr. Newman, wherein twelve operations by different surgeons are recorded; a paper on Blood-letting, by Dr. McClelland, in which strong ground is taken in favor of the more frequent employment of this medical resort; a report on Climatology, by Dr. T. E. Massey, of Denver, which is interesting and novel, as coming from a Colorado doctor, by his declaration that, while in the climate of the Territory consumptives and asthmatics get a new lease of life, and sufferers from malaria are sick with this annoying malady nevermore—that, “the wrinkled skin of middle-aged men, and the tallow faces of youngish maids and

matrons are most significant, that the *drying process* of this elevated region is promotive of neither longevity nor beauty."

Here is a report of two cases of rheumatism—one acute, the other sub-acute—successfully treated with tight bandaging over a thick layer of cotton wool, by Dr. Gehrung; a paper on The Early Symptoms and Signs of Phthisis, by Dr. Lemon; a brief paper on Congenital Cataract, by Dr. Chas. Denison; while Dr. F. J. Bancroft reports a case of vomiting of pregnancy, which became so severe and continued so long—to the end of the third year—that the patient became typhoid in her debility and depression. All efforts for relief proving useless, the first step toward the production of miscarriage—the introduction of a sponge tent into the neck of the uterus—was resorted to. As soon as the uterine neck began to be expanded the sickness ceased, the sponge was soon after withdrawn, and the patient completed her gestation without nausea or other inconvenience, and was delivered of a healthy child.

The volume closes with reports of cases—one of paraphimosis, by Dr. H. A. Lemon and by Dr. W. H. Williams, one of tumor in the hypogastrium, and one of strangulated umbilical hernia.

Altogether, the society may fairly congratulate itself on its growth, and the fact that it is doing substantial work.

The society has recently been incorporated.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. By *Frank Hamilton, A.M., M.D., LL.D.*, Surgeon to Bellevue Hospital, New York; Consulting Surgeon to Hospital for Ruptured and Cripples; to St. Elizabeth Hospital, etc.; author of a Treatise on Military Surgery and Hygiene, and of a Treatise on the Principles and Practice of Surgery. Fifth Edition. Revised and Improved.

This treatise is so well known to the profession that its fifth edition certainly requires but a short notice at our hands. It would be idle, at this time, to commend a work,



which, for years, both at home and abroad, has been looked upon as the highest authority. The number of pages and wood-cut illustrations have been increased. In scanning the pages of the new edition, we notice (page 117), an example of *permanent* paralysis of the inferior dental nerve, from fracture near the angle of the bone. This case is an exceptional one, the nerve being seldom injured. In the other cases reported, the paralysis was of short duration.

In referring (page 205), to the difficulties of maintaining the two fragments of a broken clavicle in the original line of axis, the author objects to the opinion held by some surgeons, that it is quite as important to depress the sternal fragment, as it is to elevate the acromial. The accomplishment of this object is attempted, (1), by the inclination of the head toward the injured side; (2), by compresses and adhesive straps. The patient tires of the former, and the latter is inefficient. To Dr. Moore's method (bringing into requisition the clavicular fibres of the pectoralis-major, with the view of antagonizing the action of the sterno-cleido-mastoid, by thrusting the elbow behind the body), his objections are both practical and theoretical.

The practical objection is, that the dressings required to maintain the arm in position are exceedingly liable to produce excoriations. The results are no better than are realized from the use of his (Hamilton's) own dressings.

The theoretical objection is, that the clavicular fibres of the sterno-cleido-mastoid will soon become relaxed under the continual strain, and after a time, cease to accomplish what they did at first. Prof. Hamilton also suggests that if the pectoral muscle is thus rendered less competent to depress the sternal end of the bone, the sterno-cleido-mastoid will be rendered likewise less competent to elevate it, making some allowance, as he does, for the different angles at which these two muscles act upon the bone.

Moore's method, in our opinion, can not effect a "continual strain upon the sterno-cleido-mastoid muscle;" but whilst it does effect this in the case of the clavicular

fibres of the pectoralis-major muscle and thereby produce more or less traction on the sternal fragment of the fractured clavicle, it has no power in the case of the former muscle to enforce the well-known law in regard to the action of muscles put upon the strain. The author declares his preference for an apparatus consisting essentially of a sling, axillary-pad, and bandages to secure the arm to the chest, the arm hanging perpendicularly beside the body.

If we add to these the "posture treatment," when the danger of disfigurement would warrant a resort to it, the several indications seem to be fairly met. Fortunately, overlapping and deformity do not cause diminution of the strength or usefulness of the arm, except *in those cases where the cupidity* of the patient has been excited, and then "*the weakness*," "*the coldness*" and "*numbness*" of the arm can be cured by one specific only—money!

In the chapter on fractures of the scapula (page 214), Prof. Hamilton employs the terms "anatomical" neck, and "surgical" neck, the former being applied to that slightly constructed portion situated at the base of the glenoid cavity, and the latter to the part of the bone corresponding to the root of the coracoid process at the site of the semi-lunar notch.

The treatment of fractures of the surgical neck of the humerus, including separations at the epiphysis (page 242), is given at greater length. The author now recommends an additional splint to extend from the free margin of the axilla to the internal condyle. Its purpose is not to support the fragments, since it can not extend so high, but to protect the skin from injury by the bandage. He considers as wholly unnecessary, the bandage applied by some surgeons to the hand and forearm.

Prof. Hamilton has been somewhat minute in his description of this dressing, since its value, he claims, depends upon the care with which the details are carried out.

We think that the author has, in this fifth edition, done

the profession a service by indicating the methods by which a faithful measurement of the arm or forearm (page 256), and thigh (page 418), may be made. He recognizes not only the weak point in Bryant's suggestions to measure by the ilio-femoral triangle, in order to determine a fracture of the neck of the femur; but also the unsoundness of Velpeau's idea to measure from the folds of the belly. Doubtless the author has had abundant opportunities of noting the ease with which inaccurate measurements may be made.

In the chapter on fractures of the radius, there is some additional evidence that we have not yet attained to all that is desirable in the treatment of Colles' fracture. Moore's method has given no better average results than have been obtained by other modes of management.

The pages devoted to the treatment of fractures of the femur, tend to settle us more firmly in our convictions that plaster of Paris, as an immovable form of dressing, is by no means as safe as Buck's or Hamilton's apparatus. As ordinarily used, plaster of Paris is safe only in the hands of the experienced surgeon, it being highly injudicious to advocate its general adoption. Employed after the "book-back" or Bavarian method, it becomes more manageable. Upon the authority of Prof. Hamilton, the plaster is thus used by Dr. Paul F. Eve, Professor of Surgery, Nashville Medical College. Extension and counter-extension are made as in Buck's method, and the limb is exposed to view daily and sponged.

Part Second contains some new matter. Dr. John T. Darby, (page 586), by adopting a rule similar to that which the author has laid down, in reducing dislocations of the thigh, namely, by carrying the arm only in those directions in which it meets with the least resistance, has been very successful in reducing dislocations of the shoulder.

At page 600, the new edition gives the following summary of accidents growing out of efforts to reduce old dislocations of the shoulder:

- "Rupture of an artery, nineteen cases, most of which

were known to be ruptures of the axillary artery. Calender, Lister and Blackman tied the axillary, and the patients all died. The subclavian was tied by Warren successfully. Gibson also tied the subclavian, but his patient died. Nélaton did the same—result not stated.”

“Rupture of vein alone, two cases. Froriep’s patient died; Agnew’s was saved.”

“Rupture of artery and vein, probably two cases. Platner’s patient died. In Bell’s case the result is not stated, except that amputation was practiced.”

“Avulsion of arm, one case. Patient died.”

Of fractures of the neck of humerus, the author has reported three cases. In none of them was reduction accomplished. His own patient died.

The difficulties which so frequently beset us in our efforts to reduce a certain proportion of these old dislocations of the shoulder, the author attributes to the changes which may take place in the socket and in the adjacent tissues. That a diminution in the size of the rent in the capsular membrane may resist the reduction of the bone, we saw illustrated not long since, at the Rush College Clinic, Chicago. A man with a dislocation of the shoulder of six weeks’ standing, presented himself at the college clinic. Prof. Gunn, after failing in every effort at reduction, including extreme circumduction for the purpose of lacerating the ligament and breaking up adhesions, cut down through the deltoid into the joint, and found the rent in the capsular so much contracted as not to admit the return of the bone to the socket. After sufficiently enlarging the rent with a probe-pointed bistourie, the reduction of the bone was easily effected.

J. E. O.

**SYPHILITIC LESIONS OF THE OSSEOUS SYSTEM IN INFANTS AND YOUNG CHILDREN.** By *R. W. Taylor, M.D.*, Physician to the Charity Hospital, N. Y., etc. New York: Wm. Wood & Co., Publishers. 1875.

He is a zealous adventurer who, in the present day, makes a voyage of discovery, where every nook and corner has been repeatedly explored before. Such, however,

has been the task of the author of this treatise. Long familiar with all the recognized varieties of venereal disease, he has discovered in the osseous system of infants a grave and distinct form of lesion, heretofore overlooked, or recognized only in the post-mortem condition.

Dr. Taylor observed his first perplexing case in 1867; and could then find in medical literature but a few details, given by Rannier, descriptive of its pathology. In the ensuing year Wegner published a description of the microscopic appearance of the bones of a number of syphilitic children, exhibiting peculiar pathological phenomena; and, within the two following years, Wald-eyer, Köbner and Parrot confirmed his observations, without, however, contributing to the clinical history and therapeutics of this form of disease.

The basis of the present work, which is really a continuation of the general subject, is a collection of clinical cases, valuable in themselves, and made of greater interest in consequence of the faithfulness evinced in their description. This collection includes not only the cases observed by Dr. Taylor, but those also of the observers referred to, and others.

Beginning methodically with the radius and ulna, the general characters of the changes in these bones are found to be those which are presented when the disease is elsewhere developed. If the outlines of these parallel shafts be traced downwards with the tips of the fingers, an abrupt circular elevation is discovered surrounding each, except at the point of osseous contact. This may be smooth or undulating, and limited to the shaft, or encroaching upon the epiphysis to about two-thirds of its extent; when there is complete fusion of the epiphyses, it is the result of excessive cell-proliferation in the fissure between them. At the upper extremities of these bones this condition is less distinct, in consequence of the disposition of the parts, except at the olecranon. One or both bones may be affected, and may or may not present the swelling in common with the lower ends, in comparison with which they are less liable to become involved.

The humerus in general escapes. Dr. Taylor has observed the only case hitherto described in which the sternal end of the clavicle has been attacked. In rare instances a bulb-like projection, with an even outline, is encountered on the surface of one or more ribs.

Abrupt swellings, elevated to the extent of one-half or three-fourths of an inch, involving the shaft or merging into the epiphysis, are encountered about two inches above the malleoli. If circular, the bones are completely surrounded, their extremities remaining intact, but the resulting deformity being greater than at the wrist. Tumors of this kind at the ankle-joint are frequent, involving one or both legs, and attacking both bones or limited indifferently to either. These lesions have, in each instance, co-existed with others of the same class, especially in the fore-arm. Of the fourteen cases observed by Taylor, but one occurred with involvement of the superior termination of the tibia, and one also of the trochanter of the femur, the soft tissues surrounding this bone presenting an obstacle to its proper exploration. All the distal phalanges have been observed affected in this manner, the fingers presenting a bulbous and clubbed appearance, suggestive of syphilitic onychia. The central phalanges seem to possess some immunity, as no instance of their involvement has been described, though the author has observed an hyperplasia in this locality which might serve as a type of the disease, when thus developed. The proximal are more liable to be attacked, in the proportion of five to one, than the distal phalanges, the deformity being acorn-shaped and two or three times greater in size than the normal osseous tissue. The integument thus stretched may ulcerate, and this accident may be due to degeneration in the thickened bone itself. No instance has occurred of this disease in the phalanges of the foot, though there is no reason to conclude that they possess any special immunity. The fourth and fifth metatarsal bones have been observed affected in a similar manner, with this peculiarity, that the entire length of the bone has been involved, with



greatest development in the middle of the shaft. Of the flat bones, lesions of the cranial are infrequent—in four instances the parietal, and in three the occipital, have been affected; a behavior in striking contrast to that of hereditary syphilis in later life.

The clinical history, development, course, decline and concomitant symptoms of the disease are carefully sketched. In one class of cases there is rapid development of the lesion, in another it occurs with comparative slowness—the average period being from two to six weeks; the shortest, two weeks; the longest, two months. Uncomplicated cases, properly treated, rapidly assume the phases of repair. Degeneration may be superficial or deep—rarely the epiphysis becomes separated from the diaphysis. When a sinus forms, it gives exit to a secretion of a light brown color, which may be followed by rapid restoration of the normal conditions. Inasmuch as the tissues are yet yielding, and the disease is one of defective nutrition, pain is not severe. The constitutional disorder, in fact, is one which is early engrafted upon the growth of the fœtus in the period of active development of all its tissues. Deep disorganization has been observed only in the still-born, the survivors may not present symptoms of the vice before the third week, and possibly not before the second or third year.

The author is at issue with Waldeyer and Köbner respecting the possibility of the development of these accidents in the acquired syphilis of infants. One such case Taylor has described, and, while admitting that this late occurrence may be less destructive to the tissues, he concludes that there is nothing in the immaturity and rapid evolution of the foetal tissues which renders them exclusively susceptible to the morbid agency.

Three pathological stages are distinct: 1st, Exuberant cell-proliferation; 2d, Irregular osteogenesis; 3d, Abnormal proliferation, with inter-cellular infiltration.

Cachexia, from whatever cause, predisposes to rickets, and one of these causes is undoubtedly the syphilitic

diathesis, but the symptoms and treatment of rickets, which is of later appearance than hereditary syphilis, are not similar.

Medical works too often conclude with an anti-climax, which results from the unequal advance of pathology and therapeutics, but the volume before us is a worthy exception to the rule. Our author employs mercury with the potassic iodide, continuing the medication for a long period if no improvement results. Salivation is never induced, nor a mercurial cachexia, the health being actually improved by pursuing this course, without having recourse to tonics, which, however, are not to be neglected. Lewin's method of hypodermic medication as well as inunction are discountenanced. Ulcers are sprinkled with iodoform.

The author concludes with a consideration of the tumors occurring later in life at the junction of the epiphyses with the diaphyses, as well as the more specific affections of the osseous system, simulating syphilis.

We regard the work, as a whole, in the light of an exceedingly valuable contribution, not only to the special department to which it might be assigned, but also to the general literature of medicine. We congratulate the author upon the evidences it contains of his scholarly and conscientious labor, which have already secured for it the encomiums of its most judicious critics.

#### BOOKS RECEIVED.

- A MANUAL OF GENERAL PATHOLOGY. By *Ernst Wagner, M.D., Prof., etc., University of Leipzig.*
- MEDICAL DIAGNOSIS, ETC. By *J. M. Da Costa, M.D., etc.* Fourth edition, revised.
- INHALATION IN THE TREATMENT OF DISEASE, ETC. By *J. S. Cohen, M.D., etc.* Second edition, revised, etc.
- MEDICAL THERMOMETRY AND HUMAN TEMPERATURE. By *E. Seguin, M.D.*
- TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF PHILADELPHIA. Volume fifth. Edited by *Jas. Tyson, M.D., etc.*
- TRANSACTIONS ILLINOIS STATE MEDICAL SOCIETY FOR 1875.
- A SYSTEM OF MIDWIFERY, ETC. By *Wm. Leishman, M.D., etc.* Revised edition.
- A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By *J. Lewis Smith, M.D., etc.* Third edition, revised.

- HOSPITAL PLANS: Five Essays on Hospital Construction, etc.. JOHNS HOPKINS HOSPITAL.
- HUMAN PHYSIOLOGY, ETC. By *W. B. Carpenter, M.D., etc.* New and revised edition.
- INSANITY IN ITS MEDICO-LEGAL RELATIONS. By *A. C. Couperthwait, M.D.,* Kansas City.
- THE MEDICAL JURISPRUDENCE OF INSANITY. By *J. H. Balfour Brown, Esq.*
- SURGERY: ITS PRINCIPLES AND PRACTICE. By *T. Holmes, M.A., Cantab., etc.,*
- EXTRA-UTERINE PREGNANCY, ETC. By *J. S. Parry, M.D., etc.*

## PAMPHLETS RECEIVED.

- THE SANITARY CONDITION OF BOSTON—Report of a Medical Commission, etc., 1875.
- TRANSACTIONS OF THE NEW JERSEY MEDICAL SOCIETY, 1766 to 1800.
- ON ALCOHOL: A Course of Lectures, etc. By *B. W. Richardson, M.A., M.D., etc.*
- PROCEEDINGS OF "AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES," at Hartford, Conn., Sept., 1875.
- THE CAUSE OF THE COMMENCEMENT OF PARTURITION. By *Charles M. Crombie, M.B., M.C.,* of Aberdeen, Eng. From *J. Penington & Son, Phila.*
- THE PRINCIPLES OF PHYSIOLOGICAL ANTAGONISM, AS APPLIED TO THE TREATMENT OF THE FEBRILE STATE. By *Roberts Bartholow, M.D., etc.* This is No. 1 of Vol. II of "A Series of American Clinical Lectures."
- ON THE ADMINISTRATION OF DIGITALIS IN THE WEAK-HEART OF CONTINUED FEVER. A Paper by *E. T. Easley, M.D., etc.,* Little Rock, Ark.,
- ON AUSCULTATION OF THE ESOPHAGUS. A Paper by *Louis Elsberg, M.D., etc.,* New York.
- APHONIA: ITS CAUSES AND TREATMENT. A Paper by *William Porter, M.D.,* St. Louis.

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ENCOURAGING!—The January number of the *Journal de Médecine et de Chirurgie Pratiques*, extracts from the *Philadelphia Medical Times* and the *Practitioner*, Prety's observations on the treatment of sciatica, originally published in the *Wiener Medicinische Presse*.

When the French journals look for the latest scientific researches of the Germans in American medical periodicals, we may well believe that the world moves.

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DR. STEINER, of Prague, the well-known writer on diseases of children, died February 15.

THE SIXTH ANNUAL COMMENCEMENT EXERCISES of the Woman's Hospital Medical College, of Chicago, were held on February 29th, at the First Methodist Church, on which occasion the following ladies received the diploma of M.D. :

MRS. MARY H. BOWEN, Illinois.  
 MRS. LOUISA M. GRONARD, Illinois.  
 MRS. LOIS FITCH MANSFIELD, Illinois.  
 MISS MARGUERET CALDWELL, Wisconsin.  
 MISS EVA BICKFORD, New Hampshire.  
 MISS AMIE M. HALE, Massachusetts.  
 MISS HARRIET E. GARRISON, Illinois.  
 MISS AMANDA M. RANSLOW, Wisconsin.  
 MISS ADELIA BARLOW, Illinois.  
 MISS HANNAH C. RUSSELL, Wisconsin.

## ANNOUNCEMENTS FOR THE MONTH.

### MONDAYS. SOCIETIES.

*Mondays, Apr. 3 and 17*—Chicago Med. Society, regular meetings at the Washingtonian Home, 8 P. M.

*Mondays, Apr. 10 and 24*—Chicago Society of Physicians and Surgeons, regular meetings at Grand Pacific, 8 P. M.

#### CLINICS. *Every Monday.*

At Eye and Ear Infirmary, (Peoria and Adams Sts.) 2 P. M.—Prof. Holmes.

At Chicago College, 2 P. M. *Gynecological*—Prof. Merriman.

At Central Dispensary (239 W. Van Buren St.), 2 P. M., *Gynecological*—Dr. Adolphus; 3 P. M., *Medical*—Dr. Bridge.

At Mercy Hospital, 2 P. M., *Medical*—Prof. Johnson.

### TUESDAYS. SOCIETIES.

*Tuesday, Apr. 11*—Academy of Sciences, regular meeting, 8 P. M. (263 Wabash Ave).

*Tuesday, Apr. 25*—Medico-Historical Society, annual meeting at the Tremont House.

#### CLINICS. *Every Tuesday.*

At County Hospital, 2 P. M., *Medical*—Prof. Bevan; 3 P. M., *Surgical*—Prof. Bogue.

At Chicago College, 2 P. M., *Gynecological*—Prof. Roler.

At Mercy Hospital, 2 P. M., *Medical*—Prof. Hollister.

### WEDNESDAYS. CLINICS. *Every Wednesday.*

At County Hospital, 2 P. M., *Ophthalmological*—Dr. Montgomery; 3 P. M., *Gynecological*—Prof. Quine.

At Chicago College, 2 P. M., *Gynecological*—Prof. Nelson.

At Mercy Hospital, 2 P. M., *Surgical*—Prof. Andrews.

At Central Dispensary, 2 P. M., *Medical*—Dr. Bridge.

At St. Luke's Hospital, commencing at 1.30 P. M., *Surgical*—Dr. Owens.

### THURSDAYS. CLINICS. *Every Thursday.*

At Chicago College, 2 P. M., *Gynecological*—Prof. Merriman.

At Central Dispensary, 2 P. M., *Diseases of Chest*—Dr. Ingals.

At St. Luke's Hospital, 2 P. M., *Medical*—Prof. Johnson.

### FRIDAYS. SOCIETIES.

*Friday, Apr. 14*—State Microscopical Society of Illinois, regular meeting at the Academy of Sciences, 8 P. M.

#### CLINICS. *Every Friday.*

At County Hospital, 2 P. M., *Medical*—Prof. Bevan; 3 P. M., *Surgical*—Prof. Bogue.

At Chicago College, 2 P. M., *Gynecological*—Prof. Roler.

At Mercy Hospital, 2 P. M., *On Diseases of Eye and Ear*—Prof. Jones.

At Central Dispensary, 2 P. M., *Gynecological*—Dr. Adolphus.

### SATURDAYS. CLINICS. *Every Saturday.*

At Rush College, 2 P. M., *Surgical*—Prof. Gunn; 3 P. M., *Diseases of the Brain and Nervous System*—Dr. Hay.

At Chicago College, 2 P. M., *Gynecological*—Prof. Nelson; *Surgical*—Prof. Andrews; 3 P. M., *Medical*—Prof. Davis.

At all the above Clinics visiting regular practitioners are, we believe, admitted.